

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**IN RE: DIET DRUGS
(Phentermine/Fenfluramine/Dexfenfluramine)
PRODUCTS LIABILITY LITIGATION**

MDL Docket No. 1203

**This Document Relates to:
SHEILA BROWN, et al., v. AMERICAN HOME
PRODUCTS CORPORATION**

Civil Action No. 99-20593

**SUPPLEMENT TO CLASS COUNSEL'S MOTION: (A) TO STRIKE
THE SEVENTH AMENDMENT OBJECTIONS OF ANGELA DUFFY,
FRANK DEJULIUS AND CINDY PATTISON FOR LACK OF STANDING
AND (B) FOR LEAVE TO TAKE DEPOSITIONS OF
SEVENTH AMENDMENT OBJECTOR, DEBRA RHEA**

I. INTRODUCTION

On November 24, 2004, Class Counsel filed Class Counsel's Motion: (A) To Strike the Seventh Amendment Objections of Angela Duffy, Frank DeJulius and Cindy Pattison for Lack of Standing and (B) For Leave to Take the Deposition of Seventh Amendment Objector, Debra Rhea. (hereinafter referred to as the "Motion").

In that Motion, Class Counsel described their knowledge of the status of Cindy Pattison as an alleged Class Member according to the information contained in the AHP Settlement Trust (the "Trust") database as of November 23, 2004, and attached as Exhibit "A" to the Motion a printout of such information in a Claim Inquiry report¹.

Similarly, that Motion described Class Counsel's knowledge of the status of Angela S. Duffy and Debra K. Rhea as alleged Class Members according to the information contained in the Trust

¹The Claim Inquiry Report is a document that summarizes information in the Trust database in a form created by Class Counsel for ease of review.

database as of November 23, 2004, and attached as Exhibits "B" and "C", respectively, to the Motion a printout of such information in Claim Inquiry reports.²

It has been brought to the attention of Class Counsel that the Trust database as of November 23, 2004 did not accurately reflect the alleged Class Member status of these three objectors, and accordingly, Class Counsel file this supplement to their Motion to provide the Court with the additional information learned. It will be noted, however, that the additional information does not alter the points made in Class Counsel's Motion, that objectors Cindy Pattison, Angela Duffy and Frank DeJulius do not have standing to object to the Seventh Amendment, and accordingly, their objections should be stricken.³

II. SUPPLEMENTAL INFORMATION

Updated Information About Cindy Pattison

As noted by the original Motion, Class Counsel queried the Trust database for information about objector Cindy Pattison, the person on whose behalf attorney Lawrence Schonbrun has filed an objection to the Seventh Amendment. Mr. Schonbrun's pleading identified his client as "Cindy Pattison", and the Trust database identified such an individual under DDR #3211554. The information contained in the Trust database on November 23, 2004 for that individual is reflected in Exhibit "A" to the Motion. The Trust database for "Cindy Pattison", DDR #3211554 did not

²Class Counsel could not identify any information in the Trust database regarding the alleged Class Member status of objector Frank DeJulius as of November 23, 2004, and as of this filing, still have not been able to identify any information in the Trust database for this individual.

³In essence, the relief that Class Counsel's Motion seeks remains appropriate, even though the facts are somewhat different than first thought. The different facts to not alter the fact that these three objectors do not have standing to object to the Seventh Amendment.

indicate that there was a duplicate registration or different Claim Number assigned to that individual. All that the Trust database showed was that there were miscellaneous filings made on April 20, 2000, and October 25, 2000, that were scanned into the Trust database for that individual, which were copies of pleadings filed in connection with that individual's objections to the original settlement, and further showed that no Pink, Blue or Orange 1 Form had been filed for that individual.

Moreover, the objection filed by Cindy Pattison to the Seventh Amendment did not indicate her DDR number, nor that she had filed any forms with the Trust, or that she even had received any benefits, or had been tested by echocardiogram. In fact, her objection explicitly admitted that she had NOT had an echocardiogram, which fact, by definition precludes her from having standing to object to the Seventh Amendment. This is because in order for a Class Member to be either a Category One or Category Two Class Member pursuant to the terms of the Seventh Amendment, that Class Member necessarily would have had to have been tested by echocardiogram in order to have filed a Green Form for possible Category One benefits, or to have filed a Gray Form for possible Category Two benefits.

Since Cindy Pattison does not allege that she has been tested by echocardiogram, and in fact her objection admits that she never had an echocardiogram, she can not possibly have standing to object to the Seventh Amendment, as she cannot satisfy the predicate condition to standing, which is having had a timely echocardiogram.

Nevertheless, on December 3, 2004, Class Counsel was advised by counsel for Wyeth, that upon further investigation into the Trust database concerning the status of Cindy Pattison, Counsel for Wyeth determined that the information that Cindy Pattison had not registered with the Trust

might not be accurate. Accordingly, on that date, Class Counsel again queried the Trust database, and found that for "Cindy Pattison", under DDR #3211554 (the DDR number previously identified by the database as having been assigned to her), that the entries had changed from how they were recorded on November 23, 2004, and there was now a notation that there was a Duplicate Claim for this individual. The Duplicate Claim notation appears to have been entered into the Trust database on November 30, 2004, several days after the filing of Class Counsel's Motion. A copy of the Claim Inquiry for Cindy Pattison for December 3, 2004, revealing the new entry of "Duplicate Claim" entered on November 30, 2004, is attached hereto as Exhibit "1".⁴

Accordingly, Class Counsel queried the Trust database further, to determine the link to the "Duplicate Claim" notation that now appeared for Cindy Pattison. Class Counsel identified a "Cynthia Pattison", also represented by Mr. Schonbrun, and assigned DDR #8011193. The results of this query are reflected by the Claim Inquiry attached hereto as Exhibit "2". The information contained in the Trust database under this DDR number on December 3, 2004, seems to have merged information contained in the Trust database under Cindy Pattison, DDR #3211554 into the information for Cynthia Pattison, under DDR #8011193.⁵

⁴Presumably, upon the Trust receiving Class Counsel's Motion, the Trust examined its database for accuracy, and identified the error that for Cindy Pattison, the database did not reveal the existence of her Duplicate Claim. The Trust did not advise Class Counsel of this error in the database, nor did the Trust advise Class Counsel that the "Duplicate Claim" entry had been made.

⁵Class Counsel also queried the Trust database under DDR #8011193 as of the back-up data provided to Class Counsel on November 22, 2004. The results of this query are reflected on the Claim Inquiry report attached hereto as Exhibit "3". This Claim Inquiry report shows a "print date" of Friday, December 03, 2004, but it reflects the status for that Claim as of November 22, 2004. It does NOT show the merging of the Duplicate Claim Information from DDR #3211554, as it does when that DDR number was queried on December 3, 2004. Thus, it seems clear that the Trust did not identify the Duplicate Claim status until after Class Counsel's Motion, and the correction to the Trust database seemingly was made on November 30, 2004.

For example, as of November 23, 2004, the Trust database for Cindy Pattison, DDR #3211554 indicated two “MISC” filings for April 20, 2000 and for October 25, 2000, and also, that there had been no filing of a Pink/Blue/Orange 1 Form with a deficiency date of 2/12/2003.

However, the database information for Cindy Pattison, DDR #3211554 as of December 3, 2004, shows that such entries seemed to have been purged from that DDR number, and instead the notation of a Duplicate Claim has been entered.

The entries for Cynthia Pattison, DDR #8011193 contain the purged information from Cindy Pattison, DDR #3211554, and also shows that the deficiency for NO Pink/Blue/Orange 1 was cancelled on November 30, 2004, the same date that the Duplicate Claim entry was entered.

However, aside from the inaccuracy of the Trust’s database for Cindy Pattison, DDR #3211554 on November 23, 2004, assuming that the database is correct as of December 3, 2004, it confirms what Mr. Schonbrun has said about his client, Cindy (Cynthia) Pattison. The Trust database does not show that she has had an echocardiogram. In fact, what the Trust database seems to show is that she was qualified to receive a free echocardiogram in the Trust’s Screening Program, was notified of her qualification for that benefit, but that she appears to never have availed herself of the opportunity to obtain the free echocardiogram.

Nevertheless, since under DDR #8011193, the Trust database shows that Cynthia Pattison had filed a Blue Form, Class Counsel has reviewed the Blue Form filing. It also shows that Ms. Pattison had not had an echocardiogram as of the date of the filing of her Blue Form. *See, Blue Form for Cynthia Pattison for DDR #8011193, attached hereto as Exhibits “4” and “5”.*⁶

⁶Two copies of the same Blue Form are attached, as it appears it was submitted to the Trust twice, once with a receipt date of April 15, 2002, and once with a receipt date of June 3, 2003.

Accordingly, although the Trust's database did not accurately reflect the Duplicate Claim status for Cindy Pattison on November 23, 2004, and the Trust apparently corrected that error on November 30, 2004, the fact remains that Cindy (Cynthia) Pattison does not have standing to object to the Seventh Amendment. In her counsel's pleading, she admits not having had an echocardiogram, and the Trust database confirms that there has not been a filing of an echocardiogram on her behalf with the Trust. In the absence of her having had an echocardiogram, by definition she cannot be a member of either Category One nor Category Two of the Seventh Amendment.⁷

Updated Information About Angels S. Duffy

Class Counsel has also investigated the status of objector, Angela S. Duffy, in an effort to verify the accuracy of the Trust database information that Class Counsel relied on in filing the Motion on November 24, 2004. Class Counsel's Motion included at Exhibit "B" thereto, the Claim Inquiry Report for Angela S. Duffy, DDR #2753499. An inquiry under that DDR number on December 3, 2004, shows no changes, or updated information for that alleged Class Member under that DDR number. *See*, Exhibit "6" hereto, December 3, 2004 Claim Inquiry report for Angela S. Duffy under DDR# 2753499.

⁷The Trust database does show, however, that Cynthia Pattison has been paid her drug refund benefit of \$ 500.00. So, under the terms of the Settlement Agreement, she is a Subclass 1(b) Class Member. A Subclass 1 (b) Class Member is entitled to a drug refund, and because such individual ingested the Diet Drugs for 61 days or more and had not been diagnosed as suffering from FDA positive heart valve regurgitation, such a Class Member was also entitled to a free echocardiogram in the Trust's Screening Program. The results of that free echocardiogram would then determine if the Class member was entitled to additional benefits, such as the cash/medical services benefit as a result of a diagnosis of FDA positive heart valve regurgitation, or the ability to file a Green Form to make a claim for Matrix Compensation Benefits. However, it seems Ms. Pattison waived her rights to additional benefits by not accepting the free echocardiogram benefit offered by the Settlement Trust, and not having obtained a private echocardiogram within the Screening Period.

Nevertheless, Class Counsel determined to further investigate this alleged Class Member's status in the Trust database, and in doing so, found an entry for Angela S. Duffy under DDR #8140581. *See, Exhibit "7"* hereto, December 3, 2004 Claim Inquiry report for Angela S. Duffy under DDR #8140581. The entries under this DDR number appear to be for the same person, even though there is no indication in the Trust database that there is a duplicate claim for Angela S. Duffy. The address, date of birth and phone number for the Angela S. Duffy under DDR #2753499 and under DDR #8140581 match. It is fair to assume that this is not merely coincidental, but that in fact, there is only one Angela S. Duffy who lives at 1002 Lyle Lane, Lagrange, KY, 40031, with a phone number of (502) 222-3589 and a date of birth of 7/7/1973.⁸

Nevertheless, the information in the Trust database for Angela S. Duffy under DDR #8140581 does not change the point of Class Counsel's Motion, that this Class Member has no standing to object to the Seventh Amendment, because she has apparently never had an echocardiogram. The Trust database information for this individual does not show that she ever filed a Gray or a Green Form. The database information does not show the filing of an echocardiogram report. And, in the Blue Form she filed, she checked the box to Question 11 that she had not had an echocardiogram. *See, copy of Blue Form attached hereto as Exhibit "8".*

This answer is an admission that she does not have standing to object to the Seventh Amendment. This is because for a Class Member to be effected by the Seventh Amendment, the Class Member had to have had an echocardiogram either with the Trust Screening Program, or a privately obtained echocardiogram by the end of the Screening period that showed the Class

⁸Class Counsel does not know why the Trust has not merged the data or why it has not eliminated the duplicate DDR # for this Class Member. Clearly, the Trust can take such action, as it created a Duplicate Claim entry for Class Member Pattison.

Member to be diagnosed with either at least mild mitral regurgitation or mild aortic regurgitation. Without such a timely diagnosis, the Class Member will not be effected by the Seventh Amendment, and will not have standing to object to its provisions.

In fact, what the database shows is that this Class Member, like Class Member Pattison, received a drug refund benefit, and was offered a free echocardiogram in the Trust's Screening Program, but that she never availed herself of that benefit. Thus, she like Class Member Pattison is a Subclass 1 (b) Class Member under the Settlement Agreement, but has no standing to object to the Seventh Amendment because she does not meet the criteria to be either a Category One or Category Two Class Member under the terms of the Seventh Amendment.

So, although the failure of the Trust database to have coded Angela S. Duffy as having been assigned two DDR numbers, the fact remains that Angela S. Duffy has not demonstrated that she has standing to object to the Seventh Amendment.

Updated Statement Concerning Frank DeJulius

As for objector Frank DeJulius, that individual still does not appear in the Trust database according to the best of Class Counsel's knowledge. Thus, there is no new information to provide to the Court regarding this alleged Class Member possibly having standing to object to the Seventh Amendment. This alleged Class Member still does not appear in the Trust database as of December 3, 2004, and accordingly, does not have standing to object to the Seventh Amendment, for the reasons articulated in the Motion. This alleged Class Member's objection should be stricken for lack of standing.

Updated Statement Concerning Debra K. Rhea

Finally, Class Counsel also ran another query of the Trust database for Class member Debra

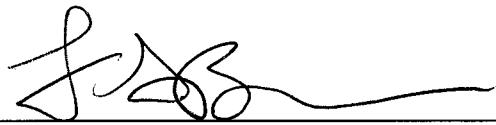
K. Rhea on December 3, 2004. A copy of the Claim Inquiry report for that query is attached hereto as Exhibit "9". The results of the query are identical to the results for the query that Class Counsel ran on November 23, 2004, a copy of which was attached to the Motion as Exhibit "C".

Thus, for this Class Member, the relief that Class Counsel sought in the Motion remains the same, which is the request to take the deposition of Debra K. Rhea.

III. CONCLUSION

For the foregoing reasons in Class Counsel's Motion and in this Supplement, the objections to the Seventh Amendment of alleged Class Members Cindy (Cynthia) Pattison, Angela S. Duffy, and Frank DeJulius should be stricken for lack of standing. Class Counsel continue to seek the deposition of Class Member Debra K. Rhea in connection with her objection to the Seventh Amendment.

Respectfully submitted,



Arnold Levin, Esquire
Michael D. Fishbein, Esquire
Laurence S. Berman, Esquire
LEVIN, FISHBEIN, SEDRAN & BERMAN
510 Walnut Street, Suite 500
Philadelphia, PA 19106
*LIAISON COUNSEL IN MDL 1203, CO-LEAD
COUNSEL IN MDL 1203 & CLASS COUNSEL IN
BROWN, C.A. NO. 99-20593*

EXHIBIT “1”

Claim Inquiry: PATTISON, CINDY - DDR # 3211554

DDR #	DDR Name	PIN	SSN	DoB	Admin Hold
3211554	PATTISON, CINDY	91481 Day Phone: NightPhone:			<u>DUPLICATE CLAIMS</u>
Attorney Information:					
Type	Attorney	Firm		City	State
Claim Payments					
Type	Check #	Date	Amount	Status	Clear Date
General Deficiencies:					
Code	Deficiency			Def Date	Cancel Date
Green Deficiencies:					
Green Form Data					
Physician	Phys City	State	GF Mx	GFA Mx	Audit Mx
Gray Data	Status	Physician	Echo Date	MR	AR
Document History					
Doc Code	Document Type		Rec Date	Post Mark	Box #
Claim Activities:					
Activity			Date	Cancel Date	
DP_HOLD	Duplicate Claim			11/30/2004	

EXHIBIT “2”

Claim Inquiry: PATTISON, CYNTHIA - DDR # 8011193

DDR #	DDR Name	PIN	SSN	DoB	Admin Hold
8011193	PATTISON, CYNTHIA 705 SANTA CRUZ LN FOSTER CITY, CA 94404		559-68-7453 Day Phone: (065) 036-3411 NightPhone: (650) 578-9244	3/30/1950	
Attorney Information:					
Type	Attorney	Firm		City	State
Inactive	X	X			
Primary	LAWRENCE W. SCHONBRUN	LAWRENCE W. SCHONBRUN		BERKLEY	CA

Claim Payments

Type	Check #	Date	Amount	Status	Clear Date
DRUG	2130438	1/27/2003	\$500.00	V	
DRUG	2321631	6/27/2003	\$500.00		7/21/2003

General Deficiencies:

Code	Deficiency	Def Date	Cancel Date	Notice Date	Strikes
055	FORM - NO PINK/BLUE/ORANGE1	2/12/2003	11/30/2004		

Green Deficiencies:**Green Form Data**

Physician	Phys City	State	GF Mx	GFA Mx	Audit Mx	Res
Gray Data	Status	Physician	Echo Date	MR		AR

Document History

Doc Code	Document Type	Rec Date	Post Mark	Box #	DCN
34	PHARMACY RECORDS	6/3/2003	5/28/2003		16153418011193
38	MEDICAL RECORDS AUTHORIZATION	6/3/2003	5/28/2003		16153818011193
42	NEW BLUE	6/3/2003	5/28/2003		16154218011193
61	Echo Followup Letter	11/12/2002	10/25/2002		14126118011193
58	ELIGIBILITY FOR SCREENING PROGRAM/PRESC. COST REF	7/17/2002	7/17/2002		12945818011193
34	PHARMACY RECORDS	4/15/2002			12013418011193
42	NEW BLUE	4/15/2002			12014218011193
10	MISC.	10/25/2000			00299100001023
10	MISC.	4/20/2000			00111100004003

Claim Activities:

Activity	Date	Cancel Date
QA_DRUG SCHEDULED FOR DRUG QA REVIEW	8/25/2003	
RV_ECHO SCHEDULED FOR ECHO REVIEW	8/25/2003	
QA_ECHO SCHEDULED FOR ECHO QA REVIEW	8/25/2003	
RV_CMS SCHEDULED FOR CMS REVIEW	8/25/2003	
QA_CMS SCHEDULED FOR CMS QA REVIEW	8/25/2003	
RV_DRUG SCHEDULED FOR DRUG REVIEW	8/8/2003	
PY_DRUG BENEFIT PAID -- DRUG	6/27/2003	
SB_DRUG SCHEDULED FOR BENEFIT -- DRUG	6/2/2003	6/27/2003
FEFCLMLD Final Echo follow up mailed - claimant copy	3/21/2003	
FEFATMLD Final Echo follow up mailed - attorney copy	3/21/2003	3/22/2003
PY_DRUG BENEFIT PAID -- DRUG	1/27/2003	6/2/2003
SB_DRUG SCHEDULED FOR BENEFIT -- DRUG	1/26/2003	1/27/2003
RM_HOLD Returned Mail HOLD	11/12/2002	11/13/2002

EFLMLD	ECHO Follow Up Letter Mailed	10/25/2002		
RM_HOLD	Returned Mail HOLD	8/5/2002	8/5/2002	
CCN_LTR	CCN Matching letter sent	7/24/2002		
PY_ESCR	SENT TO CRAWFORD FOR ECHO	7/8/2002		
SB_ESCR	SCHEDULED FOR BENEFIT -- ECHO	7/3/2002	7/3/2002	
WY_ESCR	CLAIM AT WYETH ACCESS -- ECHO	6/25/2002	7/3/2002	
WR_ESCR	READY FOR WYETH ACCESS -- ESCR	6/14/2002	6/14/2002	
ESCR_ERR	ESCR_ERR	6/14/2002		
WR_DRUG	READY FOR WYETH ACCESS -- DRUG	6/14/2002	6/14/2002	
WY_DRUG	CLAIM AT WYETH ACCESS -- DRUG	6/14/2002	1/26/2003	
QA_Drug	SCHEDULED FOR DRUG QA REVIEW	6/11/2002	6/14/2002	
RV_Drug	SCHEDULED FOR DRUG REVIEW	6/6/2002	6/14/2002	
BL1_REC	INITIAL BLUE INFORMATION IMPORTED FROM INDIA	5/9/2002		

EXHIBIT “3”

Claim Inquiry: PATTISON, CYNTHIA - DDR # 8011193

DDR #	DDR Name	PIN	SSN	DoB	Admin Hold
8011193	PATTISON, CYNTHIA 705 SANTA CRUZ LN FOSTER CITY, CA 94404		559-68-7453 Day Phone: (065) 036-3411 NightPhone: (650) 578-9244	3/30/1950	
Attorney Information:					
Type	Attorney	Firm		City	State
Inactive	X	X			
Primary	LAWRENCE W. SCHONBRUN	LAWRENCE W. SCHONBRUN		BERKLEY	CA

Claim Payments

Type	Check #	Date	Amount	Status	Clear Date
DRUG	2130438	1/27/2003	\$500.00	V	
DRUG	2321631	6/27/2003	\$500.00		7/21/2003

General Deficiencies:

Code	Deficiency	Def Date	Cancel Date	Notice Date	Strikes

Green Deficiencies:

Def Date	Cancel Date	Notice Date	Strikes

Green Form Data

Physician	Phys City	State	GF Mx	GFA Mx	Audit Mx	Res

Gray Data

Status	Physician	Echo Date	MR	AR

Document History

Doc Code	Document Type	Rec Date	Post Mark	Box #	DCN
34	PHARMACY RECORDS	6/3/2003	5/28/2003		16153418011193
38	MEDICAL RECORDS AUTHORIZATION	6/3/2003	5/28/2003		16153818011193
42	NEW BLUE	6/3/2003	5/28/2003		16154218011193
61	Echo Followup Letter	11/12/2002	10/25/2002		14126118011193
58	ELIGIBILITY FOR SCREENING PROGRAM/PRES. COST REF	7/17/2002	7/17/2002		12945818011193
34	PHARMACY RECORDS	4/15/2002			12013418011193
42	NEW BLUE	4/15/2002			12014218011193

Claim Activities:

Activity	Date	Cancel Date
QA_DRUG	SCHEDULED FOR DRUG QA REVIEW	8/25/2003
RV_ECHO	SCHEDULED FOR ECHO REVIEW	8/25/2003
QA_ECHO	SCHEDULED FOR ECHO QA REVIEW	8/25/2003
RV_CMS	SCHEDULED FOR CMS REVIEW	8/25/2003
QA_CMS	SCHEDULED FOR CMS QA REVIEW	8/25/2003
RV_DRUG	SCHEDULED FOR DRUG REVIEW	8/8/2003
PY_DRUG	BENEFIT PAID -- DRUG	6/27/2003
SB_DRUG	SCHEDULED FOR BENEFIT -- DRUG	6/2/2003 6/27/2003
FEFCLMLD	Final Echo follow up mailed - claimant copy	3/21/2003
FEFATMLD	Final Echo follow up mailed - attorney copy	3/21/2003 3/22/2003
PY_DRUG	BENEFIT PAID -- DRUG	1/27/2003 6/2/2003
SB_DRUG	SCHEDULED FOR BENEFIT -- DRUG	1/26/2003 1/27/2003
RM_HOLD	Returned Mail HOLD	11/12/2002 11/13/2002
EFLMLD	ECHO Follow Up Letter Mailed	10/25/2002
RM_HOLD	Returned Mail HOLD	8/5/2002 8/5/2002

Friday, December 03, 2004

Privileged And Confidential

Page 1 of 2

As of Trust backup - 11/22/04

CCN_LTR	CCN Matching letter sent	7/24/2002	
PY_ESCR	SENT TO CRAWFORD FOR ECHO	7/8/2002	
SB_ESCR	SCHEDULED FOR BENEFIT -- ECHO	7/3/2002	7/3/2002
WY_ESCR	CLAIM AT WYETH ACCESS -- ECHO	6/25/2002	7/3/2002
WR_ESCR	READY FOR WYETH ACCESS -- ESCR	6/14/2002	6/14/2002
ESCR_ERR	ESCR_ERR	6/14/2002	
WR_DRUG	READY FOR WYETH ACCESS -- DRUG	6/14/2002	6/14/2002
WY_DRUG	CLAIM AT WYETH ACCESS -- DRUG	6/14/2002	1/26/2003
QA_Drug	SCHEDULED FOR DRUG QA REVIEW	6/11/2002	6/14/2002
RV_Drug	SCHEDULED FOR DRUG REVIEW	6/6/2002	6/14/2002
BL1_REC	INITIAL BLUE INFORMATION IMPORTED FROM INDIA	5/9/2002	

EXHIBIT “4”

BLUE FORM

Diet Drug Settlement With American Home Products Corporation

NOTICE: You do not need to complete this form if you have already submitted either a completed and signed PINK FORM under the Accelerated Implementation Option or a completed and signed BLUE FORM.

This BLUE FORM is to be used by any Class Member who wants to register for Settlement Benefits and must be mailed to the AHP Settlement Trust postmarked no later than August 1, 2002, for certain benefits and no later than May 3, 2003, for other benefits. To understand these deadlines fully, see the Chart on page 12 of this form, the *Official Notice of Final Judicial Approval*, or the Settlement Agreement.

Print or type all responses. By completing this BLUE FORM you are registering for benefits under the Settlement. If you have retained a lawyer regarding your use of diet drugs, you should consult him or her about your options under the Settlement.

Do not detach or separate bound Claim Forms.

1. Complete the following information for the Diet Drug Recipient (the person who used the diet drugs).

Cynthia Cynthia
(First Name) (Middle Initial) (Last Name)
Cynthia
(List all other names that you use or have used during the last ten years)
123 Santa Monica
(Street Address)
Santa Monica CA
(City) (State) (Zip Code)
(650) 314-1344 (650) 314-1721
(Daytime Area Code & Phone Number) (Evening Area Code & Phone Number)
info@ahpsettlement.com
(E-mail Address, if any)
12/01/1950
(Birth Date MM/DD/YYYY) (SSN) 591-1651-17141513
(Social Security Number)

Gender: Female Male

Remove the BLUE FORM label from the
Notice Package, affix here and fill out all
information above.

Mail this form to:
AHP Settlement Trust
P.O. Box 7939
Philadelphia, PA 19101

For assistance, call 1-800-386-2070
Or access <http://www.settlementdietdrugs.com>

BLUE FORM - 1

RECEIVED
APR 15 2002



1
2
0
1
4
2
1
8
0
1
1
1
1
1
9
3

2. Are you completing this questionnaire as the "Representative Claimant" (i.e., estate, administrator, other legal representative, heir or beneficiary of a Diet Drug Recipient)?

No (skip to Question #3) Yes (complete the following)

(First Name) _____ (Middle Initial) _____ (Last Name) _____

(Street Address) _____

(City) _____ (State) _____ (Zip Code) _____

(Daytime Area Code & Phone Number) _____ (Evening Area Code & Phone Number) _____

(E-mail Address, if any) _____

(Your relationship to the Diet Drug Recipient) _____

If you are a Representative Claimant, attach a copy of the order or document appointing you the Diet Drug Recipient's legal representative.

If you are representing a deceased's estate, attach an official copy of the death certificate along with a copy of any letters of administration, probate or surrogate certificate. State the date of death:

Date of Death: _____ / _____ / _____
(MM/DD/YYYY)

3. Are you completing this questionnaire as a "Derivative Claimant" (i.e., a spouse, child, dependent, parent, other relative or "significant other" of a Diet Drug Recipient)?

No (go to Question #5) Yes (go to Question #4)

- 4.a. Provide the following information concerning each "Derivative Claimant." (If there is more than one, check here and either copy this section of the form or use another copy of this form to provide the information. Include that paper with this form.)

(First Name) _____ (Middle Initial) _____ (Last Name) _____

(Street Address) _____

(City) _____ (State) _____ (Zip Code) _____

(Daytime Area Code & Phone Number) _____ (Evening Area Code & Phone Number) _____

(E-mail Address, if any) _____

(Birth Date MM/DD/YYYY) _____ (Social Security Number) _____



b. Specify the relationship of the Derivative Claimant to the Diet Drug Recipient.

- Spouse Dependent, specify _____
 Parent Other relative, specify _____
 Child Significant other, specify _____

c. If you selected "Spouse" above, what is the current status of the relationship of the Derivative Claimant to the Diet Drug Recipient?

- Married Divorced Separated Widowed

Date of the marriage: / /
 (MM/DD/YYYY)

d. If you, the Derivative Claimant, are currently estranged from the Diet Drug Recipient, state the date of separation and/or divorce.

Date: / /
 (MM/DD/YYYY)

(Provide evidence of the date of separation or divorce, i.e., separation agreement or divorce decree).

e. Identify the basis on which the Derivative Claimant is claiming "derivative" benefits.

- Loss of Consortium/Per Quod (e.g., loss of marital services and relationship)
 Loss of Support
 Loss of Service
 Other, explain: _____

NOTE: Each Claimant (including Representative and/or Derivative Claimants) must sign the Declaration under Penalty of Perjury on page 7 of this BLUE FORM (making copies if necessary) and submit it with this form.

5. Are you represented by any lawyer in connection with this Claim?

- Yes No

6. If you answered "Yes" to Question #5, provide the following information:

(Law Firm Name)

 (Attorney's First Name)

 (Middle Initial) (Last Name)

 (Street Address)

 (City)

 (State)

 (Zip Code)

 (Daytime Area Code & Phone Number)

 (Fax Area Code & Number)

 (E-mail Address, if any)



NOTE: If you are completing this questionnaire as a Representative or Derivative Claimant, the following questions using the term "You" refer to the "Diet Drug Recipient."¹

7. State whether you were prescribed and took the following Diet Drugs:

Pondimin® (Fenfluramine) Yes No

Redux™ (Dexfenfluramine) Yes No

8. Indicate by checking the appropriate box below the total period of time that you took Pondimin® and/or Redux™:

(If you took both drugs, add together the period of time you used each drug to determine the total period of use.)

60 days or less 61 days or more

9. State the total number of days that you used each of the following diet drugs:

Pondimin® _____ days

Redux™ 448 days

You bear the ultimate responsibility for providing records to substantiate the total number of days you used Pondimin® and/or Redux™.

10. You must provide the information requested below.

- a. If the diet drug (Pondimin® and/or Redux™) was dispensed by a pharmacy, identify the pharmacy name, address and telephone number.

C.O.S.T.C.O. P.H.A.R.M.A.C.Y. #1.4.7
(Pharmacy Name)

1.001 METRO CENTER BLVD.
(Street Address)

F.O.S.T.E.R. C.I.T.Y. CA 94404
(City) (State) (Zip Code)

(650) 286-0759
(Area Code and Phone Number)

[If there was more than one pharmacy that dispensed the diet drugs Pondimin® and/or Redux™, make a copy or copies of this page and provide the information for each such pharmacy and include those additional sheets with this form.]

Provide a copy of the pharmacy prescription dispensing records (e.g., prescription printouts, pharmacy records, prescription forms) from each pharmacy, which should include the medication name, quantity, frequency, dosage and number of refills prescribed, prescribing physician's name, assigned prescription number, original fill date and each subsequent refill date.

OR

¹ The "Diet Drug Recipient" is the person who took Pondimin®, Redux™, and/or the drug combination commonly known as "Fen-Phen."



- b. If the diet drug (Pondimin® and/or Redux™) was dispensed directly by a physician or weight loss clinic, or the pharmacy record(s) is unobtainable, state the name of each physician who prescribed the diet drug, and the address and telephone number of that physician:

<input style="width: 100%; height: 1.2em; border: none; border-bottom: 1px solid black; font-size: 1em; padding-bottom: 5px; margin-bottom: 10px;" type="text" value="First Name of Prescribing Physician"/>	<input style="width: 100%; height: 1.2em; border: none; border-bottom: 1px solid black; font-size: 1em; padding-bottom: 5px; margin-bottom: 10px;" type="text" value="Middle Initial (Last Name)"/>	
<input style="width: 100%; height: 1.2em; border: none; border-bottom: 1px solid black; font-size: 1em; padding-bottom: 5px; margin-bottom: 10px;" type="text" value="Name of Weight Loss Clinic, if applicable"/>		
<input style="width: 100%; height: 1.2em; border: none; border-bottom: 1px solid black; font-size: 1em; padding-bottom: 5px; margin-bottom: 10px;" type="text" value="Street Address"/>		
<input style="width: 100%; height: 1.2em; border: none; border-bottom: 1px solid black; font-size: 1em; padding-bottom: 5px; margin-bottom: 10px;" type="text" value="City"/>	<input style="width: 100%; height: 1.2em; border: none; border-bottom: 1px solid black; font-size: 1em; padding-bottom: 5px; margin-bottom: 10px;" type="text" value="State"/>	<input style="width: 100%; height: 1.2em; border: none; border-bottom: 1px solid black; font-size: 1em; padding-bottom: 5px; margin-bottom: 10px;" type="text" value="Zip Code"/>
<input style="width: 100%; height: 1.2em; border: none; border-bottom: 1px solid black; font-size: 1em; padding-bottom: 5px; margin-bottom: 10px;" type="text" value="Area Code & Telephone Number"/>		

[If there was more than one physician or weight loss clinic that prescribed and/or dispensed the diet drugs Pondoimin® and/or Redux®, make a copy or copies of this page and provide the information for each such physician or weight loss clinic and include those additional sheets with this form.]

Provide a copy of the medical record(s) reflecting the prescription and/or dispensing of the diet drugs. This must include records that identify the Diet Drug Recipient, the diet drug name, the date(s) prescribed, the dosage and duration for which the drug was prescribed or dispensed.

If, and only if, the pharmacy record(s) or prescribing physician's medical record(s) are unobtainable, check here and have your prescribing physician or dispensing pharmacist complete the attached Declaration of Prescribing Physician or Dispensing Pharmacy.

11. Have you had an Echocardiogram² after you first started using diet drugs?

Yes No

If yes, state the date(s) of each Echocardiogram(s) and the name and address of each physician who performed the Echocardiogram or reported the results to you.

<u>Date</u>	<u>Name of Physician/Clinic</u>	<u>Address of Physician/Clinic</u>
____ / ____ / ____ (MM/DD/YYYY)	_____	_____
____ / ____ / ____ (MM/DD/YYYY)	_____	_____
____ / ____ / ____ (MM/DD/YYYY)	_____	_____

If you are seeking benefits based on the results of this Echocardiogram(s), you must attach a copy of each Echocardiogram report and include the videotape or disk of the Echocardiogram as part of your Claim submission.

¹ An Echocardiogram is a test in which sound waves are passed through the chest to result in a video image of the heart and its valves. It should not be confused with an "electrocardiogram" in which sensors are placed at various locations on the body and a paper readout is generated.



- 12. If you answered "Yes" to Question #11, answer the following to the best of your knowledge:**

a. Did any show mild or greater aortic regurgitation? Yes No
b. Did any show moderate or greater mitral regurgitation? Yes No
c. Did any show mild mitral regurgitation? Yes No
d. Don't know

If you answered "Yes" to Questions #12.a, #12.b, or if you checked the box for #12.d, you must submit a GRAY FORM or GREEN FORM to complete your Claim.

If you answered "Yes" to Question #12.c, you should file a GRAY FORM to preserve your future rights under the Settlement Agreement. (See page 8, Item 6 for a more detailed explanation of the GRAY FORM.)

13. If you would like to receive information about the Compassionate and Humanitarian program described in the Official Notice, call 1-800-386-2070.

14. If you would like to receive information concerning reimbursement benefits for all or part of the cost of certain privately-obtained Echocardiograms, call 1-800-386-2070.

15. State whether you elect to receive cash benefits or medical services³ if you qualify for this benefit. Such benefits or services will only become available to you if the AHP Settlement Trust determines that you are eligible. To seek this benefit, you must complete, sign and mail to the AHP Settlement Trust this BLUE FORM postmarked no later than May 3, 2003. You may select only one option.

I elect to receive \$6,000 in cash if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux™ 61 days or more, and I am diagnosed as "FDA Positive" on or before January 3, 2003, or \$3,000 in cash if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux™ for 60 days or less, and I am diagnosed as "FDA Positive" on or before January 3, 2003.

OR

I elect to receive \$10,000 in heart valve-related medical services if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux™ 61 days or more, and I am diagnosed as "FDA Positive" on or before January 3, 2003, or \$5,000 in heart valve related medical services if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux™ for 60 days or less, and I am diagnosed as "FDA Positive" on or before January 3, 2003.

16. Do you believe that you have any medical condition which qualifies for payment on the Compensation Matrix described in the *Official Notice of Final Judicial Approval*?

³ The medical services shall be limited to the care of Valvular Heart Disease. The Trustees may include the following services, when performed, supervised, or prescribed by a physician specializing in internal medicine, cardiology or cardiothoracic surgery: comprehensive physical examinations, chest x-rays, electrocardiograms, standard laboratory testing, medically-appropriate Echocardiograms, and/or medically-supervised nutritional counseling and/or any accepted technology or techniques for the management of valvular heart disease.

BLUE FORM - 6



17. Confidentiality. By signing below, I authorize disclosure of the information contained in this form and any other documents supplied in connection with my claim to such persons as may be reasonably necessary for purposes of processing any claim and providing any benefits under the Settlement Agreement.

18. CONDITIONAL RELEASE OF SETTLED CLAIMS AND COVENANT NOT TO SUE. In consideration of the obligations of American Home Products Corporation ("AHP") under the Nationwide Class Action Settlement Agreement with American Home Products Corporation ("Settlement Agreement") approved by the United States District Court for the Eastern District of Pennsylvania, I, the undersigned claimant, individually and for my heirs, beneficiaries, agents, estate, executors, administrators, personal representatives, successors and assignees, and/or, if the undersigned claims as a representative of the person who used Pondimin® and/or Redux®, whether as heir, beneficiary, agent, estate, executor, administrator, personal representative, successor, assignee, guardian, or otherwise, and in that capacity, or, if applicable, the undersigned as a person who has a Derivative Claim under the Settlement Agreement, and in that capacity, hereby expressly **release and forever discharge, and agree not to sue**, AHP and all other Released Parties (as defined in the Settlement Agreement) as to all Settled Claims (as defined in the Settlement Agreement), asserted against AHP or any Released Party. The Settlement Agreement, including, without limitation its benefit and its release provisions, and the definitions of the terms "Settled Claims" and "Released Parties," is incorporated by reference as if fully set out at length. I further agree to the provisions of the Settlement Agreement concerning "Judgment Reduction for Claims by Third Parties" which are summarized in the Notice of Settlement. For purposes of this Conditional Release of Settled Claims and Covenant not to Sue, the terms "Settled Claims" and "Released Parties" are defined as set forth in the Settlement Agreement and in the Notice of Settlement. I understand that certain principles of law, such as those reflected in statutes like Section 1542 of the California Civil Code and in the common law of many states, provide that a release may not extend to claims which the undersigned does not know or suspect to exist. I am aware that I may discover claims presently unknown or unsuspected, or facts in addition to or different from those which I now believe to be true with respect to the matters released herein which may be applicable to this settlement. Nevertheless, I hereby knowingly and voluntarily relinquish the protections of Section 1542 and all similar federal or state laws, rights, rules or legal principles that may be applicable. In the event that the undersigned properly exercises any Intermediate or Back-End Opt-Out rights under the Settlement Agreement, then this conditional release shall be null and void and of no further force and effect except to the extent provided in Section IV.D of the Settlement Agreement. I, THE UNDERSIGNED, HAVE CAREFULLY READ (OR HAVE HAD READ TO ME) THIS CONDITIONAL RELEASE OF SETTLED CLAIMS AND COVENANT NOT TO SUE. I, THE UNDERSIGNED, UNDERSTAND THE TERMS OF IT, AND AGREE TO BE BOUND BY IT.

19. Declaration under Penalty of Perjury. Each person signing below acknowledges and understands that this form is an official Court document sanctioned by the Court that presides over the Diet Drug Settlement, and submitting it to the AHP Settlement Trust is equivalent to filing it with a Court. Each agrees to cooperate with the AHP Settlement Trust and to provide any necessary medical record authorization and releases for the AHP Settlement Trust to gather information needed to substantiate or audit the Claim. Each declares under penalty of perjury that the information provided in this form is true and correct to the best of his/her knowledge, information and belief.

Cynthia Patterson
(Signature of Diet Drug Recipient, if living)

Date: 1/13/2000
(MM/DD/YYYY)

(Signature(s) of Legal Representative(s) of Diet Drug Recipient, if any)

Date: / /
(MM/DD/YYYY)

(Signature(s) of Claiming Spouse, Parent, Child, Dependent, Other Relative, or "Significant Other," if any)

Date: / /
(MM/DD/YYYY)

(NOTE—Copy this page if you need room for additional signatures, and include copied and signed pages with this form.)



REMEMBER: To complete your Claim, you must supply the following to the AHP Settlement Trust:

1. Written proof of the amount of Pondimin® and/or Redux™ which was dispensed for your use by your drugstore(s), pharmacy(ies), doctor(s), clinic(s) or health care facility(ies).
2. If you are submitting this form as a Representative Claimant, a copy of the order or other document appointing you as the Diet Drug Recipient's legal representative.
3. If you are representing a deceased's estate, a copy of the death certificate, along with a copy of any letters of administration or probate or surrogate certificate.
4. A signed Authorization for the Release of Medical Records included in this form.
5. If you are seeking benefits based on the results of an Echocardiogram(s) that you identified in Question #11, you must supply a copy of each Echocardiogram report and the videotape or disk of each.
6. A GRAY FORM if you are claiming Benefits based upon an Echocardiogram performed after September 30, 1999.
The GRAY FORM must be accompanied by the report of the results of the Echocardiogram and a copy of the Echocardiogram tape or disk.
7. If you claim Matrix Compensation Benefits, you and your doctor must complete the Matrix Compensation Benefits Claim Form—the GREEN FORM—and mail it to:

AHP Settlement Trust
P.O. Box 7939
Philadelphia, PA 19101

If you change your address, you must promptly notify the AHP Settlement Trust in writing of your new address.

For assistance call 1-800-386-2070, or access the AHP Settlement Trust's website at <http://www.settlementdietdrugs.com>.



**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS
AND OTHER HEALTH INFORMATION**

I hereby authorize the use or disclosure of my individually identifiable health information and medical records as described below. I understand that this authorization is voluntary. I understand that because the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations, but it will be subject to the confidentiality provisions of the Nationwide Class Action Settlement Agreement with American Home Products Corporation.

Information Authorized for Release: All prescribing or dispensing physician medical records (including information identifying the undersigned Diet Drug Recipient or patient, the diet drug name, the date(s) prescribed, the dosage and duration the drug was dispensed), echocardiograph recordings and reports (including written reports and echocardiograph videotapes and disks), prescription dispensing records from a pharmacy or other entity (including the drug name, quantity, frequency, dosage, and number of refills, prescribing physician's name, original fill date and each subsequent refill date), and billing records and/or payment records that relate to the Echocardiogram(s) and/or the dispensation of the diet drugs.

I authorize the release of the above records/recording to the AHP Settlement Trust. The AHP Settlement Trust will pay reasonable charges made by you in accordance with limitations imposed on the Trust by Pretrial Order 1665 - Establishing a Limit on Fees for Retrieval and Copying of Medical Records, to supply copies of such furnished records/disks.

Patient/Diet Drug Recipient:

Christine Partinson
(First Name) (Middle Initial) (Last Name)

Date of birth and Social Security Number of Patient/Diet Drug Recipient:

03/21/1955 357-68-7453
(Birth Date MM/DD/YYYY) (Social Security Number)

Persons/Organizations Providing the Information: Any organization maintaining records described above that are necessary to adjudicate the relevant Claim filed under the Nationwide Class Action Settlement Agreement with American Home Products Corporation.

Mail the above records to:

AHP Settlement Trust
P.O. Box 7939
Philadelphia, PA 19101

I understand that this authorization will expire three (3) years from the date I sign this document as indicated below. In addition, I understand that I may revoke this authorization at any time by notifying the AHP Settlement Trust and the providing organization in writing, but if I do revoke this authorization it will not have any effect on any actions any providing organization took before it received the revocation. Copies of this authorization shall be honored as originals. Also, this authorization does not authorize the disclosure of any information other than the items referenced above.

Christine Partinson 03/21/1955
Signature of Patient/Diet Drug Recipient or Authorized Representative (Date MM/DD/YYYY)

(If applicable) Printed Name of Authorized Representative: _____

(If applicable) Relationship of Representative to Patient/Diet Drug Recipient: _____



[REDACTED]

Diet Drug Settlement With American Home Products Corporation

Declaration of Prescribing Physician or Dispensing Pharmacy

Use this form **ONLY IF** your pharmacy/prescription record(s) are unobtainable as described in Question #10 on pages 4 and 5 of this form. This form is to be completed, if necessary, by the doctor who prescribed Pondimin® and/or Redux™, or the pharmacy that dispensed Pondimin® and/or Redux™. Make copies of this form as needed.

I prescribed/dispensed Pondimin® and/or Redux™ for the following patient:

[REDACTED] (First Name)	[REDACTED] (Middle Initial)	[REDACTED] (Last Name)
[REDACTED] (Birth Date—If known)		[REDACTED] (Social Security Number—If known)

I am:

- The physician who prescribed Pondimin® and/or Redux™ to the patient identified above.
- The pharmacist who dispensed Pondimin® and/or Redux™ to the patient identified above.

I prescribed or dispensed Pondimin® and/or Redux™ to the patient identified above as set forth in the following chart:

Drug Name	Dosage	Approximate Start Date			Approximate End Date			Number of Pills Per Day
		Month	Day	Year	Month	Day	Year	

This Declaration is an official document sanctioned by the Court and submitting it to the AHP Settlement Trust is equivalent to filing it with a court. I declare under penalty of perjury that all of the information provided in this Declaration is true and correct to the best of my knowledge, information and belief.

[REDACTED]
(Signature)

[REDACTED]
(Date MM/DD/YYYY)

[REDACTED]
(Printed Name)



SUMMARY OF DEADLINES FOR MAILING THE BLUE FORM			
	WHAT YOU WANT TO DO	OTHER FORMS YOU MUST MAIL WITH THE BLUE FORM FOR THIS CHOICE	POSTMARK DEADLINE TO MAIL FORMS
SEEK FUND A MEDICAL MONITORING BENEFITS	Free Echocardiogram in the AHP Settlement Trust's Screening Program	None	August 1, 2002
	Free Echocardiogram in the Compassionate and Humanitarian Program	BROWN FORM	August 1, 2002
	Reimbursement for Echocardiogram received outside the AHP Settlement Trust's Screening Program (for those benefits not dependent on whether the Trust has sufficient funds)	WHITE FORM and GRAY FORM	Mail BLUE and WHITE FORMs by May 3, 2003. Mail GRAY FORM as soon as possible after Echo.
	Reimbursement for Echocardiogram received outside the AHP Settlement Trust's Screening Program (if the Trust has sufficient funds)	WHITE FORM	August 1, 2002
	Cash or Additional Medical Services	GRAY FORM (if Echo after 9/30/99)	Mail BLUE FORM by May 3, 2003
	Refund of Prescription Costs	None	August 1, 2002
SEEK FUND B MATRIX BENEFITS	Compensation for Matrix-Level Conditions You Have Now	GREEN FORM	Mail BLUE FORM by May 3, 2003. Mail GREEN FORM by December 31, 2015.
	Preserve the Right to Seek Matrix-Level Benefits in the Future	GRAY FORM and GREEN FORM	Mail BLUE FORM by May 3, 2003. Mail GRAY FORM as soon as possible after Echo. Mail GREEN FORM by December 31, 2015.
SEEK TO OPT OUT OF SETTLEMENT	Back-End Opt-Out <small>(Must be diagnosed as FDA Positive or having mild mitral regurgitation by January 3, 2003, must reach a Matrix-Level condition for the first time after September 30, 1999, and must meet other requirements)</small>	ORANGE FORM #3	Mail BLUE Form by May 3, 2003. File ORANGE FORM #3 no later than May 3, 2003, or 120 days after the Diet Drug Recipient knew or should have known of the Matrix-Level condition.



EXHIBIT “5”

BLUE FORM

Diet Drug Settlement With American Home Products Corporation

RECEIVED

JUN 08 2003

NOTICE: You do not need to complete this form if you have already submitted either a completed and signed PINK FORM under the Accelerated Implementation Option or a completed and signed BLUE FORM.

This BLUE FORM is to be used by any Class Member who wants to register for Settlement Benefits and must be mailed to the AHP Settlement Trust postmarked no later than August 1, 2002, for certain benefits and no later than May 3, 2003, for other benefits. To understand these deadlines fully, see the Chart on page 12 of this form, the *Official Notice of Final Judicial Approval*, or the Settlement Agreement.

Print or type all responses. By completing this BLUE FORM you are registering for benefits under the Settlement. If you have retained a lawyer regarding your use of diet drugs, you should consult him or her about your options under the Settlement.

Do not detach or separate bound Claim Forms.

1. Complete the following information for the Diet Drug Recipient (the person who used the diet drugs).

Cynthia

(First Name)

Pattison

(Middle Initial)

(Last Name)

Candy

(List all other names that you use or have used during the last ten years)

705 Santa Cruz Ln

(Street Address)

Foster City

(City)

Calif

(State)

94404-4

(Zip Code)

1650174131-411111

(Daytime Area Code & Phone Number)

16501575-93174

(Evening Area Code & Phone Number)

abc@faster.com

(Email Address, if any)

0313014950

(Birth Date MM/DD/YYYY)

559-165-7453

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage)**

Postage	51
Certified Fee	2.00
Return Receipt Fee (Entitlement Required)	1.50
Delivery Delivery Fee (Entitlement Required)	
Total Postage & Fees	4.17

Recipient's Name (Please Print Clearly) (To be completed by the
AHP Settlement Trust
P.O. Box 7939

SENDER:		I also wish to receive the following services (for an extra fee).
<ul style="list-style-type: none"> • Complete items 1 and/or 2 for additional services. • Complete items 3, 4a, and 4b. • Print your name and address on the reverse of this form so that we can return this card to you. • Attach this form to the front of the envelope, or on the back if space does not permit. • Write "Return Receipt Requested" on the envelope below the article number. • The Return Receipt will show to whom the article was delivered and the date delivered. 		<input type="checkbox"/> Addressee's Address <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: AHP Settlement Trust		4a. Article Number 7000 0520 0022 4922 6607
4. Postage P.O. Box 7939		4b. Service Type <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Registered <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt <input checked="" type="checkbox"/> Insured <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> <i>[Signature]</i>
Philadelphia, PA 19101		7. Date of Delivery
5. Received By: (Print Name)		8. Addressee's Address (Only if requested and fee is paid)
6. Signature (Addressee or Agent)		

2. Are you completing this questionnaire as the "Representative Claimant" (i.e., estate, administrator, other legal representative, heir or beneficiary of a Diet Drug Recipient)?

No (skip to Question #3) Yes (complete the following)

(First Name)	(Middle Initial) (Last Name)	
(Street Address)		
(City)	(State)	(Zip Code)
(Daytime Area Code & Phone Number)	(Evening Area Code & Phone Number)	
(E-mail Address, if any)		

1. Your relationship to the Diet Drug Recipient:

If you are a Representative Claimant, attach a copy of the order or document appointing you the Diet Drug Recipient's legal representative.

If you are representing a deceased's estate, attach an official copy of the death certificate along with a copy of any letters of administration, probate or surrogate certificate. State the date of death:

Date of Death / /
(MM/DD/YYYY)

3. Are you completing this questionnaire as a "Derivative Claimant" (i.e., a spouse, child, dependent, parent, other relative or "significant other" of a Diet Drug Recipient)?

No (go to Question #5) Yes (go to Question #4)

- 4.a. Provide the following information concerning each "Derivative Claimant." (If there is more than one, check here and either copy this section of the form or use another copy of this form to provide the information. Include that paper with this form.)

(First Name)	(Middle Initial) (Last Name)	
(Street Address)		
(City)	(State)	(Zip Code)
(Daytime Area Code & Phone Number)	(Evening Area Code & Phone Number)	
(E-mail Address, if any)		
(Birth Date MM/DD/YYYY)	(Social Security Number)	



b. Specify the relationship of the Derivative Claimant to the Diet Drug Recipient.

- Spouse Dependent, specify _____
 Parent Other relative, specify _____
 Child Significant other, specify _____

c. If you selected "Spouse" above, what is the current status of the relationship of the Derivative Claimant to the Diet Drug Recipient?

- Married Divorced Separated Widowed

Date of the marriage: _____
(MM/DD/YYYY)

d. If you, the Derivative Claimant, are currently estranged from the Diet Drug Recipient, state the date of separation and/or divorce.

Date: 1-1-1999
(MM/DD/YYYY)

(Provide evidence of the date of separation or divorce, i.e., separation agreement or divorce decree)

e. Identify the basis on which the Derivative Claimant is claiming "derivative" benefits.

- Loss of Consortium/Per Quod (e.g., loss of marital services and relationship)
 - Loss of Support
 - Loss of Service
 - Other, explain:

NOTE: Each Claimant (including Representative and/or Derivative Claimants) must sign the Declaration under Penalty of Perjury on page 7 of this BLUE FORM (making copies if necessary) and submit it with this form.

5. Are you represented by any lawyer in connection with this Claim?

Yes No

6. If you answered "Yes" to Question #5, provide the following information:

1. Introduction

(Law Firm Name) _____

Lawrence Hill School

(Attorney's First Name) (Middle Initial) (Last Name)

X. 6. E. U. S. Q. 1. y.

1

JOURNAL OF CLIMATE

Daytime Area Code & Phone Number:

(Fax Area Code & Number)

—



NOTE: If you are completing this questionnaire as a Representative or Derivative Claimant, the following questions using the term "You" refer to the "Diet Drug Recipient."¹

7. State whether you were prescribed and took the following Diet Drugs:

Pondimin® (Fenfluramine) Yes No

Redux® (Dexfenfluramine) Yes No

8. Indicate by checking the appropriate box below the total period of time that you took Pondimin® and/or Redux®:

(If you took both drugs, add together the period of time you used each drug to determine the total period of use.)

60 days or less 61 days or more

9. State the total number of days that you used each of the following diet drugs:

Pondimin® _____ days

Redux® 448 days

You bear the ultimate responsibility for providing records to substantiate the total number of days you used Pondimin® and/or Redux®.

10. You must provide the information requested below.

- a. If the diet drug (Pondimin® and/or Redux®) was dispensed by a pharmacy, identify the pharmacy name, address and telephone number.

COSTCO PHARMACY #147

(Pharmacy Name)

1001 M.E.T.R.O. C.E.N.T.E.R. B.L.V.D.

(Street Address)

FOSTER CITY

(City)

CA

94404

(State) (Zip Code)

650.286.2759

(Area Code and Phone Number)

(If there was more than one pharmacy that dispensed the diet drugs Pondimin® and/or Redux®, make a copy or copies of this page and provide the information for each such pharmacy and include those additional sheets with this form.)

Provide a copy of the pharmacy prescription dispensing records (e.g., prescription printouts, pharmacy records, prescription forms) from each pharmacy, which should include the medication name, quantity, frequency, dosage and number of refills prescribed, prescribing physician's name, assigned prescription number, original fill date and each subsequent refill date.

OR

¹ The "Diet Drug Recipient" is the person who took Pondimin®, Redux®, and/or the drug combination commonly known as "Fen-Phen".



- b. If the diet drug (Pondimin® and/or Redux™) was dispensed directly by a physician or weight loss clinic, or the pharmacy record(s) is unobtainable, state the name of each physician who prescribed the diet drug, and the address and telephone number of that physician:

(First Name of Prescribing Physician)	(Middle Initial) (Last Name)
(Name of Weight Loss Clinic, if applicable)	
(Street Address)	
(City)	(State)
 	(Zip Code)
(Area Code & Telephone Number)	

[If there was more than one physician or weight loss clinic that prescribed and/or dispensed the diet drugs Pondimin® and/or Redux®, make a copy or copies of this page and provide the information for each such physician or weight loss clinic and include those additional sheets with this form.]

Provide a copy of the medical record(s) reflecting the prescription and/or dispensing of the diet drugs. This must include records that identify the Diet Drug Recipient, the diet drug name, the date(s) prescribed, the dosage and duration for which the drug was prescribed or dispensed.

If, and only if, the pharmacy record(s) or prescribing physician's medical record(s) are unobtainable, check here and have your prescribing physician or dispensing pharmacist complete the attached Declaration of Prescribing Physician or Dispensing Pharmacy.

11. Have you had an Echocardiogram¹ after you first started using diet drugs?

Yes No

If yes, state the date(s) of each Echocardiogram(s) and the name and address of each physician who performed the Echocardiogram or reported the results to you

Date	Name of Physician/Clinic	Address of Physician/Clinic
____/____/____ (MM/DD/YYYY)	_____	_____
____/____/____ (MM/DD/YYYY)	_____	_____
____/____/____ (MM/DD/YYYY)	_____	_____

If you are seeking benefits based on the results of this Echocardiogram(s), you must attach a copy of each Echocardiogram report and include the videotape or disk of the Echocardiogram as part of your Claim submission.

An Echocardiogram is a test in which sound waves are passed through the chest to result in a video image of the heart and its valves. It should not be confused with an **Electrocardiogram**, in which sensors are placed at various locations on the body and a paper readout is generated.



12. If you answered "Yes" to Question #11, answer the following to the best of your knowledge:

- a. Did any show mild or greater aortic regurgitation? Yes No
- b. Did any show moderate or greater mitral regurgitation? Yes No
- c. Did any show mild mitral regurgitation? Yes No
- d. Don't know

If you answered "Yes" to Questions #12 a. #12 b. or if you checked the box for #12 d. you must submit a GRAY FORM or GREEN FORM to complete your Claim.

If you answered "Yes" to Question #12 c. you should file a GRAY FORM to preserve your future rights under the Settlement Agreement. (See page 8, Item 6 for a more detailed explanation of the GRAY FORM.)

13. If you would like to receive information about the Compassionate and Humanitarian program described in the Official Notice, call 1-800-386-2070.

14. If you would like to receive information concerning reimbursement benefits for all or part of the cost of certain privately-obtained Echocardiograms, call 1-800-386-2070.

15. State whether you elect to receive cash benefits or medical services³ if you qualify for this benefit. Such benefits or services will only become available to you if the AHP Settlement Trust determines that you are eligible. To seek this benefit, you must complete, sign and mail to the AHP Settlement Trust this BLUE FORM postmarked no later than May 3, 2003. You may select only one option.

I elect to receive \$6,000 in cash if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux® 61 days or more, and I am diagnosed as "FDA Positive" on or before January 3, 2003, or \$3,000 in cash if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux® for 60 days or less, and I am diagnosed as "FDA Positive" on or before January 3, 2003.

OR

I elect to receive \$10,000 in heart valve-related medical services if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux® 61 days or more, and I am diagnosed as "FDA Positive" on or before January 3, 2003, or \$5,000 in heart valve related medical services if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux® for 60 days or less, and I am diagnosed as "FDA Positive" on or before January 3, 2003.

16. Do you believe that you have any medical condition which qualifies for payment on the Compensation Matrices described in the *Official Notice of Final Judicial Approval*?

- Yes
- No

Note: If you answered "Yes" to the previous question, you and a Board-Certified Cardiologist and/or Board-Certified Cardi thoracic Surgeon (and in some instances, a Board-Certified Pathologist, Board-Certified Neurologist or Board-Certified Neurosurgeon) also must complete the separate Matrix Benefits Compensation Claim Form—the GREEN FORM—to obtain the benefit.

The medical services shall be limited to the care of Valvular Heart Disease. The Trustees may include the following services, when performed, supervised or presented by a physician specializing in internal medicine, cardiology or cardiothoracic surgery: comprehensive physical examinations, chest X-rays, electrocardiograms, standard laboratory testing, medically appropriate Echocardiograms, and/or medically supervised nutritional counseling and/or any accepted technology or techniques for the management of valvular heart disease.



- [REDACTED]
17. **Confidentiality.** By signing below, I authorize disclosure of the information contained in this form and any other documents supplied in connection with my claim to such persons as may be reasonably necessary for purposes of processing any claim and providing any benefits under the Settlement Agreement.
18. **CONDITIONAL RELEASE OF SETTLED CLAIMS AND COVENANT NOT TO SUE.** In consideration of the obligations of American Home Products Corporation ("AHP") under the Nationwide Class Action Settlement Agreement with American Home Products Corporation ("Settlement Agreement") approved by the United States District Court for the Eastern District of Pennsylvania, I, the undersigned claimant, individually and for my heirs, beneficiaries, agents, estate, executors, administrators, personal representatives, successors and assignees, and/or, if the undersigned claims as a representative of the person who used Pondimin and/or Redux®, whether as heir, beneficiary, agent, estate, executor, administrator, personal representative, successor assignee, guardian, or otherwise, and in that capacity, or, if applicable, the undersigned as a person who has a Derivative Claim under the Settlement Agreement, and in that capacity, hereby expressly release and forever discharge, and agree not to sue, AHP and all other Released Parties (as defined in the Settlement Agreement) as to all Settled Claims (as defined in the Settlement Agreement), asserted against AHP or any Released Party. The Settlement Agreement, including, without limitation its benefit and its release provisions, and the definitions of the terms "Settled Claims" and "Released Parties," is incorporated by reference as if fully set out at length. I further agree to the provisions of the Settlement Agreement concerning "Judgment Reduction for Claims by Third Parties" which are summarized in the Notice of Settlement. For purposes of this Conditional Release of Settled Claims and Covenant not to Sue, the terms "Settled Claims" and "Released Parties" are defined as set forth in the Settlement Agreement and in the Notice of Settlement. I understand that certain principles of law, such as those reflected in statutes like Section 1542 of the California Civil Code and in the common law of many states, provide that a release may not extend to claims which the undersigned does not know or suspect to exist. I am aware that I may discover claims presently unknown or unsuspected, or facts in addition to or different from those which I now believe to be true with respect to the matters released herein which may be applicable to this settlement. Nevertheless, I hereby knowingly and voluntarily relinquish the protections of Section 1542 and all similar federal or state laws, rights, rules or legal principles that may be applicable. In the event that the undersigned properly exercises any Intermediate or Back-End Opt-Out rights under the Settlement Agreement, then this conditional release shall be null and void and of no further force and effect except to the extent provided in Section IV D of the Settlement Agreement. I, THE UNDERSIGNED, HAVE CAREFULLY READ (OR HAVE HAD READ TO ME) THIS CONDITIONAL RELEASE OF SETTLED CLAIMS AND COVENANT NOT TO SUE. I, THE UNDERSIGNED, UNDERSTAND THE TERMS OF IT, AND AGREE TO BE BOUND BY IT.
19. **Declaration under Penalty of Perjury.** Each person signing below acknowledges and understands that this form is an official Court document sanctioned by the Court that presides over the Diet Drug Settlement, and submitting it to the AHP Settlement Trust is equivalent to filing it with a Court. Each agrees to cooperate with the AHP Settlement Trust and to provide any necessary medical record authorization and releases for the AHP Settlement Trust to gather information needed to substantiate or audit the Claim. Each declares under penalty of perjury that the information provided in this form is true and correct to the best of his/her knowledge, information and belief.

Lynthia Patterson
Signature of Diet Drug Recipient, if living

Date 10/31/2007
(MM/DD/YYYY)

Signature(s) of Legal Representative(s) of Diet Drug Recipient, if any

Date 10/31/2007
(MM/DD/YYYY)

Signature(s) of Claiming Spouse, Parent, Child
(Dependent, Other Relative, or "Significant Other," if any)

Date 10/31/2007
(MM/DD/YYYY)

(NOTE:—Copy this page if you need room for additional signatures, and include copied and signed pages with this form.)

BLUE FORM - 7



[REDACTED]

REMEMBER: To complete your Claim, you must supply the following to the AHP Settlement Trust:

1. Written proof of the amount of Pondimin® and/or Redux® which was dispensed for your use by your drugstore(s), pharmacy(ies), doctor(s), clinic(s) or health care facility(ies).
2. If you are submitting this form as a Representative Claimant, a copy of the order or other document appointing you as the Diet Drug Recipient's legal representative.
3. If you are representing a deceased's estate, a copy of the death certificate, along with a copy of any letters of administration or probate or surrogate certificate.
4. A signed Authorization for the Release of Medical Records included in this form.
5. If you are seeking benefits based on the results of an Echocardiogram(s) that you identified in Question #11, you must supply a copy of each Echocardiogram report and the videotape or disk of each.
6. A GRAY FORM if you are claiming Benefits based upon an Echocardiogram performed after September 30, 1999.
The GRAY FORM must be accompanied by the report of the results of the Echocardiogram and a copy of the Echocardiogram tape or disk.
7. If you claim Matrix Compensation Benefits, you and your doctor must complete the Matrix Compensation Benefits Claim Form—the GREEN FORM—and mail it to

AHP Settlement Trust
P.O. Box 7939
Philadelphia, PA 19101

If you change your address, you must promptly notify the AHP Settlement Trust in writing of your new address.

For assistance call 1-800-386-2070, or access the AHP Settlement Trust's website at <http://www.settlementdiddrugs.com>.



**AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS
AND OTHER HEALTH INFORMATION**

I hereby authorize the use or disclosure of my individually identifiable health information and medical records as described below. I understand that this authorization is voluntary. I understand that because the organization authorized to receive the information is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations, but it will be subject to the confidentiality provisions of the Nationwide Class Action Settlement Agreement with American Home Products Corporation.

Information Authorized for Release: All prescribing or dispensing physician medical records (including information identifying the undersigned Diet Drug Recipient or patient, the diet drug name, the date(s) prescribed, the dosage and duration the drug was dispensed), echocardiograph recordings and reports (including written reports and echocardiograph videotapes and disks), prescription dispensing records from a pharmacy or other entity (including the drug name, quantity, frequency, dosage, and number of refills, prescribing physician's name, original fill date and each subsequent refill date), and billing records and/or payment records that relate to the Echocardiogram(s) and/or the dispensation of the diet drugs.

I authorize the release of the above records/recording to the AHP Settlement Trust. The AHP Settlement Trust will pay reasonable charges made by you in accordance with limitations imposed on the Trust by Pretrial Order 1665 - Establishing a Limit on Fees for Retrieval and Copying of Medical Records, to supply copies of such furnished records/or disks.

Patient/Diet Drug Recipient:

Lynne M Pattison
(First Name) (Middle Initial) (Last Name)

Date of birth and Social Security Number of Patient/Diet Drug Recipient:

03/13/1950 559-68-7453
(Birth Date MM/DD/YYYY) (Social Security Number)

Persons/Organizations Providing the Information: Any organization maintaining records described above that are necessary to adjudicate the relevant Claim filed under the Nationwide Class Action Settlement Agreement with American Home Products Corporation.

Mail the above records to:

AHP Settlement Trust
P.O. Box 7939
Philadelphia, PA 19101

I understand that this authorization will expire three (3) years from the date I sign this document as indicated below. In addition, I understand that I may revoke this authorization at any time by notifying the AHP Settlement Trust and the providing organization in writing, but if I do revoke this authorization it will not have any effect on any actions any providing organization took before it received the revocation. Copies of this authorization shall be honored as originals. Also, this authorization does not authorize the disclosure of any information other than the items referenced above.

Lynne Pattison
Signature of Patient/Diet Drug Recipient or Authorized Representative

03/15/1950
(Date MM/DD/YYYY)

(If applicable) Printed Name of Authorized Representative: _____

(If applicable) Relationship of Representative to Patient/Diet Drug Recipient: _____



[REDACTED]

(This page intentionally left blank)

BLUE FORM - 10



Diet Drug Settlement With American Home Products Corporation

Declaration of Prescribing Physician or Dispensing Pharmacy

Use this form **ONLY IF** your pharmacy/prescription record(s) are unobtainable as described in Question #10 on pages 4 and 5 of this form. This form is to be completed, if necessary, by the doctor who prescribed Pondimin® and/or Redux™, or the pharmacy that dispensed Pondimin® and/or Redux™. Make copies of this form as needed.

I prescribed/dispensed Pondimin® and/or Redux™ for the following patient:

(First Name)

(Middle Initial)

(Last Name)

(Birth Date—If known)

(Social Security Number—If known)

I am:

- The physician who prescribed Pondimin® and/or Redux™ to the patient identified above.
- The pharmacist who dispensed Pondimin® and/or Redux™ to the patient identified above

I prescribed or dispensed Pondimin® and/or Redux™ to the patient identified above as set forth in the following chart.

Drug Name	Dosage	Approximate Start Date			Approximate End Date			Number of Pills Per Day
		Month	Day	Year	Month	Day	Year	

This Declaration is an official document sanctioned by the Court and submitting it to the AHP Settlement Trust is equivalent to filing it with a court. I declare under penalty of perjury that all of the information provided in this Declaration is true and correct to the best of my knowledge, information and belief.

(Signature)

(Date MM/DD/YY YY)

(Printed Name)

BLUE FORM - 11



SUMMARY OF DEADLINES FOR MAILING THE BLUE FORM			
	WHAT YOU WANT TO DO	OTHER FORMS YOU MUST MAIL WITH THE BLUE FORM FOR THIS CHOICE	POSTMARK DEADLINE TO MAIL FORMS
SEEK FUND A MEDICAL MONITORING BENEFITS	Free Echocardiogram in the AHP Settlement Trust's Screening Program	None	August 1, 2002
	Free Echocardiogram in the Compassionate and Humanitarian Program	BROWN FORM	August 1, 2002
	Reimbursement for Echocardiogram received outside the AHP Settlement Trust's Screening Program (for those benefits not dependent on whether the Trust has sufficient funds)	WHITE FORM and GRAY FORM	Mail BLUE and WHITE FORMS by May 3, 2003. Mail GRAY FORM as soon as possible after Echo.
	Reimbursement for Echocardiogram received outside the AHP Settlement Trust's Screening Program (if the Trust has sufficient funds)	WHITE FORM	August 1, 2002
	Cash or Additional Medical Services	GRAY FORM (if Echo after 9/30/99)	Mail BLUE FORM by May 3, 2003
	Refund of Prescription Costs	None	August 1, 2002
SEEK FUND B MATRIX BENEFITS	Compensation for Matrix-Level Conditions You Have Now	GREEN FORM	Mail BLUE FORM by May 3, 2003 Mail GREEN FORM by December 31, 2015
	Preserve the Right to Seek Matrix-Level Benefits in the Future	GRAY FORM and GREEN FORM	Mail BLUE FORM by May 3, 2003. Mail GRAY FORM as soon as possible after Echo. Mail GREEN FORM by December 31, 2015.
SEEK TO OPT OUT OF SETTLEMENT	Back-End Opt-Out <small>(Must be diagnosed as FDA Positive or having mild mitral regurgitation by January 3, 2003, must reach a Matrix-Level condition for the first time after September 30, 1999, and must meet other requirements)</small>	ORANGE FORM #3	Mail BLUE Form by May 3, 2003. File ORANGE FORM #3 no later than May 3, 2003, or 120 days after the Diet Drug Recipient knew or should have known of the Matrix-Level condition.



EXHIBIT “6”

Claim Inquiry: DUFFY, ANGELA S - DDR # 2753499

DDR #	DDR Name	PIN	SSN	DoB	Admin Hold
2753499	DUFFY, ANGELA S 1002 LYLE LANE LAGRANGE, KY 40031	56254		7/7/1973	
Attorney Information:					
Type	Attorney	Firm		City	State
Claim Payments					
Type	Check #	Date	Amount	Status	Clear Date
General Deficiencies:					
Code	Deficiency			Def Date	Cancel Date
055	FORM - NO PINK/BLUE/ORANGE1			2/12/2003	Notice Date
Green Deficiencies:					
Green Form Data					
Physician	Phys City	State	GF Mx	GFA Mx	Audit Mx
Gray Data	Status	Physician	Echo Date	MR	AR
Document History					
Doc Code	Document Type	Rec Date	Post Mark	Box #	DCN
10	MISC.	5/2/2000			00123100001016
10	MISC.	4/18/2000			00109100001014

Claim Activities:

Activity	Date	Cancel Date
----------	------	-------------

EXHIBIT “7”

Claim Inquiry: DUFFY, ANGELA S - DDR # 8140581

DDR #	DDR Name	PIN	SSN	DoB	Admin Hold
8140581	DUFFY, ANGELA S 1002 LYLE LANE LAGRANGE, KY 400310000		349-78-4810 Day Phone: (502) 727-0486 NightPhone: (502) 222-3589	7/7/1973	

Attorney Information:

Type	Attorney	Firm	City	State
Primary	EDWARD W COCHRAN	EDWARD W COCHRAN	SHAKER HEIGHTS	OH
Co-Counsel	ROBERT W. BISHOP	BISHOP & ASSOCIATES	LOUISVILLE	KY

Claim Payments

Type	Check #	Date	Amount	Status	Clear Date
DRUG	2349168	7/22/2003	\$74.00		8/18/2003

General Deficiencies:

Code	Deficiency	Def Date	Cancel Date	Notice Date	Strikes

Green Deficiencies:

Def Date	Cancel Date	Notice Date	Strikes

Green Form Data

Physician	Phys City	State	GF Mx	GFA Mx	Audit Mx	Res

Gray Data**Echo Date****MR****AR****Document History**

Doc Code	Document Type	Rec Date	Post Mark	Box #	DCN
36	MEDICAL RECORDS	8/5/2002	7/31/2002		13133618140581
38	MEDICAL RECORDS AUTHORIZATION	8/5/2002	7/31/2002		13133818140581
42	NEW BLUE	8/6/2002	7/31/2002		13134218140581

Claim Activities:

Activity	Date	Cancel Date
PY_DRUG BENEFIT PAID -- DRUG	7/22/2003	
SB_DRUG SCHEDULED FOR BENEFIT -- DRUG	6/27/2003	7/22/2003
WY_DRUG CLAIM AT WYETH ACCESS -- DRUG	6/20/2003	6/27/2003
WR_DRUG READY FOR WYETH ACCESS -- DRUG	6/19/2003	6/20/2003
QA_DRUG SCHEDULED FOR DRUG QA REVIEW	6/14/2003	6/19/2003
RV_ECHO SCHEDULED FOR ECHO REVIEW	6/14/2003	
QA_ECHO SCHEDULED FOR ECHO QA REVIEW	6/14/2003	
RV_CMS SCHEDULED FOR CMS REVIEW	6/14/2003	
QA_CMS SCHEDULED FOR CMS QA REVIEW	6/14/2003	
RV_DRUG SCHEDULED FOR DRUG REVIEW	6/11/2003	6/19/2003
RV_DRUGD REMOVED DRUG Q AS PER DENISE K.	5/14/2003	5/14/2003
FEFCLMLD Final Echo follow up mailed - claimant copy	3/20/2003	
FEFATMLD Final Echo follow up mailed - attorney copy	3/20/2003	
CCN_LTR CCN Matching letter sent	2/18/2003	
PY_ESCR SENT TO CRAWFORD FOR ECHO	1/22/2003	
LEE Sent Echo Eligible letter	1/22/2003	
WR_ESCR READY FOR WYETH ACCESS -- ESCR	1/22/2003	1/17/2003
WY_ESCR CLAIM AT WYETH ACCESS -- ECHO	1/22/2003	1/17/2003
SB_ESCR SCHEDULED FOR BENEFIT -- ECHO	1/22/2003	1/17/2003
ACKCLMLD Acknowledgment Letter Mailed	10/29/2002	
BL1_REC INITIAL BLUE INFORMATION IMPORTED FROM INDIA	10/8/2002	
CHK_ATTN ATTORNEY INFORMATION NEEDS REVIEW	10/8/2002	4/2/2003

EXHIBIT “8”

BLUE FORM

**Diet Drug Settlement With
American Home Products Corporation**

NOTICE: You do not need to complete this form if you have already submitted either a completed and signed PINK FORM under the Accelerated Implementation Option or a completed and signed BLUE FORM.

This BLUE FORM is to be used by any Class Member who wants to register for Settlement Benefits and must be mailed to the AHP Settlement Trust postmarked no later than August 1, 2002, for certain benefits and no later than May 3, 2003, for other benefits. To understand these deadlines fully, see the Chart on page 12 of this form, the *Official Notice of Final Judicial Approval*, or the Settlement Agreement.

Print or type all responses. By completing this BLUE FORM you are registering for benefits under the Settlement. If you have retained a lawyer regarding your use of diet drugs, you should consult him or her about your options under the Settlement.

Do not detach or separate bound Claim Forms.

1. Complete the following information for the Diet Drug Recipient (the person who used the diet drugs).

Angela (Angie) S. Duffey
(First Name) (Middle Initial) (Last Name)

Angela S. Milby
(List all other names that you use or have used during the last ten years)

1002 Lyle Lane
(Street Address)

LaGrange
(City) KY 40031
(State) (Zip Code)

502-727-0486
(Daytime Area Code & Phone Number)

asduffey46@hotmail.com
(E-mail Address, if any)

67071973
(Birth Date MM/DD/YYYY)

802-222-3589
(Evening Area Code & Phone Number)

349-78-4810
(Social Security Number)

Gender: Female Male

Remove the BLUE FORM label from the
Notice Package, affix here and fill out all
information above.

Mail this form to:
AHP Settlement Trust
P.O. Box 7939
Philadelphia, PA 19101

For assistance, call 1-800-386-2070
Or access <http://www.settlementdietdrugs.com>



2. Are you completing this questionnaire as the "Representative Claimant" (i.e., estate, administrator, other legal representative, heir or beneficiary of a Diet Drug Recipient)?

No (skip to Question #3) Yes (complete the following)

(First Name)	(Middle Initial)	(Last Name)
(Street Address)		
(City)	(State)	(Zip Code)
(Daytime Area Code & Phone Number)	(Evening Area Code & Phone Number)	
(E-mail Address, if any)		
(Your relationship to the Diet Drug Recipient)		

If you are a Representative Claimant, attach a copy of the order or document appointing you the Diet Drug Recipient's legal representative.

If you are representing a deceased's estate, attach an official copy of the death certificate along with a copy of any letters of administration, probate or surrogate certificate. State the date of death:

Date of Death: _____
(MM/DD/YYYY)

3. Are you completing this questionnaire as a "Derivative Claimant" (i.e., a spouse, child, dependent, parent, other relative or "significant other" of a Diet Drug Recipient)?

No (go to Question #5) Yes (go to Question #4)

- 4.a. Provide the following information concerning each "Derivative Claimant." (If there is more than one, check here and either copy this section of the form or use another copy of this form to provide the information. Include that paper with this form.)

(First Name)	(Middle Initial)	(Last Name)
(Street Address)		
(City)	(State)	(Zip Code)
(Daytime Area Code & Phone Number)	(Evening Area Code & Phone Number)	
(E-mail Address, if any)		
(Birth Date MM/DD/YYYY)	(Social Security Number)	



b. Specify the relationship of the Derivative Claimant to the Diet Drug Recipient.

- Spouse Dependent, specify _____
 Parent Other relative, specify _____
 Child Significant other, specify _____

c. If you selected "Spouse" above, what is the current status of the relationship of the Derivative Claimant to the Diet Drug Recipient?

- Married Divorced Separated Widowed

Date of the marriage: / /
(MM/DD/YYYY)

d. If you, the Derivative Claimant, are currently estranged from the Diet Drug Recipient, state the date of separation and/or divorce.

Date: / /
(MM/DD/YYYY)

(Provide evidence of the date of separation or divorce, i.e., separation agreement or divorce decree).

e. Identify the basis on which the Derivative Claimant is claiming "derivative" benefits.

- Loss of Consortium/Per Quod (e.g., loss of marital services and relationship)
 Loss of Support
 Loss of Service
 Other, explain: _____

NOTE: Each Claimant (including Representative and/or Derivative Claimants) must sign the Declaration under Penalty of Perjury on page 7 of this BLUE FORM (making copies if necessary) and submit it with this form.

5. Are you represented by any lawyer in connection with this Claim?

Yes No

6. If you answered "Yes" to Question #5, provide the following information:

Bishop & Associates

(Law Firm Name)

Robert

(Attorney's First Name)

W. Bishop

(Middle Initial) (Last Name)

6520 Glenridge Park Suite 10

(Street Address)

Louisville

(City)

KY

(State)

40222

(Zip Code)

502425-2600

(Daytime Area Code & Phone Number)

502425-9115

(Fax Area Code & Number)

(E-mail Address, if any)



NOTE: If you are completing this questionnaire as a Representative or Derivative Claimant, the following questions using the term "You" refer to the "Diet Drug Recipient."¹

7. State whether you were prescribed and took the following Diet Drugs:

Pondimin® (Fenfluramine) Yes No

Redux™ (Dexfenfluramine) Yes No

8. Indicate by checking the appropriate box below the total period of time that you took Pondimin® and/or Redux™:

(If you took both drugs, add together the period of time you used each drug to determine the total period of use.)

60 days or less 61 days or more

9. State the total number of days that you used each of the following diet drugs:

Pondimin® 74 days

Redux™ 0 days

You bear the ultimate responsibility for providing records to substantiate the total number of days you used Pondimin® and/or Redux™.

10. You must provide the information requested below.

- a. If the diet drug (Pondimin® and/or Redux™) was dispensed by a pharmacy, identify the pharmacy name, address and telephone number.

(Pharmacy Name)

(Street Address)

(City)

(State)

(Zip Code)

(Area Code and Phone Number)

[If there was more than one pharmacy that dispensed the diet drugs Pondimin® and/or Redux™, make a copy or copies of this page and provide the information for each such pharmacy and include those additional sheets with this form.]

Provide a copy of the pharmacy prescription dispensing records (e.g., prescription printouts, pharmacy records, prescription forms) from each pharmacy, which should include the medication name, quantity, frequency, dosage and number of refills prescribed, prescribing physician's name, assigned prescription number, original fill date and each subsequent refill date.

OR

¹ The "Diet Drug Recipient" is the person who took Pondimin®, Redux™, and/or the drug combination commonly known as "Fen-Phen."



- b. If the diet drug (Pondimin® and/or Redux™) was dispensed directly by a physician or weight loss clinic, or the pharmacy record(s) is unobtainable, state the name of each physician who prescribed the diet drug, and the address and telephone number of that physician:

Peggy Fishman
 (First Name of Prescribing Physician) (Middle Initial) (Last Name)
 Medical Weight Management
 (Name of Weight Loss Clinic, if applicable)
 2932 Breckenridge Ln.
 (Street Address)
 Louisville, KY 40220
 (City)
 502-451-7720 (Area Code & Telephone Number)
 [This is not the original office I visited. They have moved & it is my understanding the above is the office which has my records. A copy is attached.]

[If there was more than one physician or weight loss clinic that prescribed and/or dispensed the diet drugs Pondimin® and/or Redux™, make a copy or copies of this page and provide the information for each such physician or weight loss clinic and include those additional sheets with this form.]

Provide a copy of the medical record(s) reflecting the prescription and/or dispensing of the diet drugs. This must include records that identify the Diet Drug Recipient, the diet drug name, the date(s) prescribed, the dosage and duration for which the drug was prescribed or dispensed.

If, and only if, the pharmacy record(s) or prescribing physician's medical record(s) are unobtainable, check here and have your prescribing physician or dispensing pharmacist complete the attached Declaration of Prescribing Physician or Dispensing Pharmacy.

11. Have you had an Echocardiogram² after you first started using diet drugs?

Yes No

If yes, state the date(s) of each Echocardiogram(s) and the name and address of each physician who performed the Echocardiogram or reported the results to you.

Date	Name of Physician/Clinic	Address of Physician/Clinic
____ / ____ / ____ (MM/DD/YYYY)	_____	_____
____ / ____ / ____ (MM/DD/YYYY)	_____	_____
____ / ____ / ____ (MM/DD/YYYY)	_____	_____

If you are seeking benefits based on the results of this Echocardiogram(s), you must attach a copy of each Echocardiogram report and include the videotape or disk of the Echocardiogram as part of your Claim submission.

² An Echocardiogram is a test in which sound waves are passed through the chest to result in a video image of the heart and its valves. It should not be confused with an "electrocardiogram" in which sensors are placed at various locations on the body and a paper readout is generated.



12. If you answered "Yes" to Question #11, answer the following to the best of your knowledge:

- a. Did any show mild or greater aortic regurgitation? Yes No
- b. Did any show moderate or greater mitral regurgitation? Yes No
- c. Did any show mild mitral regurgitation? Yes No
- d. Don't know

If you answered "Yes" to Questions #12.a, #12.b, or if you checked the box for #12.d, you must submit a GRAY FORM or GREEN FORM to complete your Claim.

If you answered "Yes" to Question #12.c, you should file a GRAY FORM to preserve your future rights under the Settlement Agreement. (See page 8, Item 6 for a more detailed explanation of the GRAY FORM.)

13. If you would like to receive information about the Compassionate and Humanitarian program described in the Official Notice, call 1-800-386-2070.

14. If you would like to receive information concerning reimbursement benefits for all or part of the cost of certain privately-obtained Echocardiograms, call 1-800-386-2070.

15. State whether you elect to receive cash benefits or medical services³ if you qualify for this benefit. Such benefits or services will only become available to you if the AHP Settlement Trust determines that you are eligible. To seek this benefit, you must complete, sign and mail to the AHP Settlement Trust this BLUE FORM postmarked no later than May 3, 2003. You may select only one option.

I elect to receive \$6,000 in cash if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux™ 61 days or more, and I am diagnosed as "FDA Positive" on or before January 3, 2003, or \$3,000 in cash if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux™ for 60 days or less, and I am diagnosed as "FDA Positive" on or before January 3, 2003.

OR

I elect to receive \$10,000 in heart valve-related medical services if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux™ 61 days or more, and I am diagnosed as "FDA Positive" on or before January 3, 2003, or \$5,000 in heart valve related medical services if the AHP Settlement Trust determines that I took the diet drugs Pondimin® and/or Redux™ for 60 days or less, and I am diagnosed as "FDA Positive" on or before January 3, 2003.

Election
will be
made if
I am
found to
qualify
for this
benefit.
See attached
question
sent to the
Claims

16. Do you believe that you have any medical condition which qualifies for payment on the Compensation Matrices described in the *Official Notice of Final Judicial Approval?*

Yes *Not that I am aware of at this time, I
have not yet had an echocardiogram & am
not*

Note: If you answered "Yes" to the previous question, you and a Board-Certified Cardiologist and/or Board-Certified Cardiothoracic Surgeon (and in some instances, a Board-Certified Pathologist, a ~~doctc~~ Board-Certified Neurologist or Board-Certified Neurosurgeon) also must complete the separate ~~doctc~~ Matrix Benefits Compensation Claim Form—the GREEN FORM—to obtain the benefit.

³ The medical services shall be limited to the care of Valvular Heart Disease. The Trustees may include the following services, when performed, supervised, or prescribed by a physician specializing in internal medicine, cardiology or cardiothoracic surgery: comprehensive physical examinations, chest x-rays, electrocardiograms, standard laboratory testing, medically-appropriate Echocardiograms, and/or medically-supervised nutritional counseling and/or any accepted technology or techniques for the management of valvular heart disease.



17. **Confidentiality.** By signing below, I authorize disclosure of the information contained in this form and any other documents supplied in connection with my claim to such persons as may be reasonably necessary for purposes of processing any claim and providing any benefits under the Settlement Agreement.
18. **CONDITIONAL RELEASE OF SETTLED CLAIMS AND COVENANT NOT TO SUE.** In consideration of the obligations of American Home Products Corporation ("AHP") under the Nationwide Class Action Settlement Agreement with American Home Products Corporation ("Settlement Agreement") approved by the United States District Court for the Eastern District of Pennsylvania, I, the undersigned claimant, individually and for my heirs, beneficiaries, agents, estate, executors, administrators, personal representatives, successors and assignees, and/or, if the undersigned claims as a representative of the person who used Pondimin® and/or Redux®, whether as heir, beneficiary, agent, estate, executor, administrator, personal representative, successor, assignee, guardian, or otherwise, and in that capacity, or, if applicable, the undersigned as a person who has a Derivative Claim under the Settlement Agreement, and in that capacity, hereby expressly release and forever discharge, and agree not to sue, AHP and all other Released Parties (as defined in the Settlement Agreement) as to all Settled Claims (as defined in the Settlement Agreement), asserted against AHP or any Released Party. The Settlement Agreement, including, without limitation its benefit and its release provisions, and the definitions of the terms "Settled Claims" and "Released Parties," is incorporated by reference as if fully set out at length. I further agree to the provisions of the Settlement Agreement concerning "Judgment Reduction for Claims by Third Parties" which are summarized in the Notice of Settlement. For purposes of this Conditional Release of Settled Claims and Covenant not to Sue, the terms "Settled Claims" and "Released Parties" are defined as set forth in the Settlement Agreement and in the Notice of Settlement. I understand that certain principles of law, such as those reflected in statutes like Section 1542 of the California Civil Code and in the common law of many states, provide that a release may not extend to claims which the undersigned does not know or suspect to exist. I am aware that I may discover claims presently unknown or unsuspected, or facts in addition to or different from those which I now believe to be true with respect to the matters released herein which may be applicable to this settlement. Nevertheless, I hereby knowingly and voluntarily relinquish the protections of Section 1542 and all similar federal or state laws, rights, rules or legal principles that may be applicable. In the event that the undersigned properly exercises any Intermediate or Back-End Opt-Out rights under the Settlement Agreement, then this conditional release shall be null and void and of no further force and effect except to the extent provided in Section IV.D of the Settlement Agreement. I, THE UNDERSIGNED, HAVE CAREFULLY READ (OR HAVE HAD READ TO ME) THIS CONDITIONAL RELEASE OF SETTLED CLAIMS AND COVENANT NOT TO SUE. I, THE UNDERSIGNED, UNDERSTAND THE TERMS OF IT, AND AGREE TO BE BOUND BY IT.
19. **Declaration under Penalty of Perjury.** Each person signing below acknowledges and understands that this form is an official Court document sanctioned by the Court that presides over the Diet Drug Settlement, and submitting it to the AHP Settlement Trust is equivalent to filing it with a Court. Each agrees to cooperate with the AHP Settlement Trust and to provide any necessary medical record authorization and releases for the AHP Settlement Trust to gather information needed to substantiate or audit the Claim. Each declares under penalty of perjury that the information provided in this form is true and correct to the best of his/her knowledge, information and belief.


(Signature of Diet Drug Recipient, if living)

Date: 07/29/2002
(MM/DD/YYYY)

(Signature(s) of Legal Representative(s) of Diet Drug Recipient, if any)

Date: _____
(MM/DD/YYYY)

(Signature(s) of Claiming Spouse, Parent, Child,
Dependent, Other Relative, or "Significant Other," if any)

Date: _____
(MM/DD/YYYY)

(NOTE—Copy this page if you need room for additional signatures, and include copied and signed pages with this form.)





REMEMBER: To complete your Claim, you must supply the following to the AHP Settlement Trust:

1. Written proof of the amount of Pondimin® and/or Redux™ which was dispensed for your use by your drugstore(s), pharmacy(ies), doctor(s), clinic(s) or health care facility(ies).
2. If you are submitting this form as a Representative Claimant, a copy of the order or other document appointing you as the Diet Drug Recipient's legal representative.
3. If you are representing a deceased's estate, a copy of the death certificate, along with a copy of any letters of administration or probate or surrogate certificate.
4. A signed Authorization for the Release of Medical Records included in this form.
5. If you are seeking benefits based on the results of an Echocardiogram(s) that you identified in Question #11, you must supply a copy of each Echocardiogram report and the videotape or disk of each.
6. A GRAY FORM if you are claiming Benefits based upon an Echocardiogram performed after September 30, 1999.
The GRAY FORM must be accompanied by the report of the results of the Echocardiogram and a copy of the Echocardiogram tape or disk.
7. If you claim Matrix Compensation Benefits, you and your doctor must complete the Matrix Compensation Benefits Claim Form—the GREEN FORM—and mail it to:

**AHP Settlement Trust
P.O. Box 7939
Philadelphia, PA 19101**

If you change your address, you must promptly notify the AHP Settlement Trust in writing of your new address.

For assistance call 1-800-386-2070, or access the AHP Settlement Trust's website at <http://www.settlementdietdrugs.com>.



EXHIBIT “9”

Claim Inquiry: RHEA, DEBRA K - DDR # 2018398

DDR #	DDR Name	PIN	SSN	DoB	Admin Hold			
2018398	RHEA, DEBRA K 2413 CHATTESWORTH LANE LOUISVILLE, KY 402422850	48839 Day Phone: (502) 423-9687 NightPhone: (502) 423-9687	405-84-5062	10/20/1955				
Attorney Information:								
Type	Attorney	Firm			City	State		
Claim Payments								
Type	Check #	Date	Amount	Status	Clear Date			
GRAY2	2009194	9/13/2002	\$727.27		9/18/2002			
CMS	2037716	11/20/2002	\$6,000.00		11/10/2003			
DRUG	2424898	11/10/2003	\$395.00		6/10/2004			
General Deficiencies:								
Code	Deficiency				Def Date	Cancel Date		
Green Deficiencies:						Notice Date		
Green Form Data						Strikes		
Gray Data	Status	Physician	Phys City	State	GF Mx	GFA Mx	Audit Mx	Res
	A	MUKUL CHANDRA MD		8/7/2002	Mild		Moderate	2
Document History								
Doc Code	Document Type		Rec Date	Post Mark	Box #	DCN		
59	TAPE COPY REQUEST		12/2/2002	11/26/2002		14325912018398		
16	GRAY #2		8/22/2002		3463	13301612018398		
02	BLUE		4/3/2000			00094020046034		
Claim Activities:								
Activity					Date	Cancel Date		
PY_DRUG	BENEFIT PAID -- DRUG				11/10/2003			
SB_DRUG	SCHEDULED FOR BENEFIT -- DRUG				11/4/2003	11/10/2003		
WY_DRUG	CLAIM AT WYETH ACCESS -- DRUG				10/10/2003	11/4/2003		
WR_DRUG	READY FOR WYETH ACCESS -- DRUG				10/7/2003	10/10/2003		
QA_CMS	SCHEDULED FOR CMS QA REVIEW				10/3/2003			
QA_DRUG	SCHEDULED FOR DRUG QA REVIEW				10/3/2003	10/7/2003		
RV_ECHO	SCHEDULED FOR ECHO REVIEW				10/3/2003			
QA_ECHO	SCHEDULED FOR ECHO QA REVIEW				10/3/2003			
RV_CMS	SCHEDULED FOR CMS REVIEW				10/3/2003			
TCPREQ	REQUEST FOR TAPE COPY				12/25/2002			
SB_CMS	SCHEDULED FOR BENEFIT -- CMS				11/20/2002	11/20/2002		
PY_CMS	BENEFIT PAID -- CMS				11/20/2002			
WR_CMS	READY FOR WYETH ACCESS -- CMS				11/8/2002	11/20/2002		
RV_CMS	SCHEDULED FOR CMS REVIEW				11/6/2002	11/8/2002		
QA_CMS	SCHEDULED FOR CMS QA REVIEW				11/6/2002	11/8/2002		
WR_CMS	READY FOR WYETH ACCESS -- CMS				10/30/2002	10/30/2002		
WY_CMS	CLAIM AT WYETH ACCESS -- CMS				10/30/2002	11/20/2002		
RV_CMS	SCHEDULED FOR CMS REVIEW				10/24/2002	10/30/2002		
QA_CMS	SCHEDULED FOR CMS QA REVIEW				10/24/2002	10/30/2002		
SPNMLD	Screening program notice mailed				9/24/2002			
PY_GRAY2	BENEFIT PAID -- GRAY2				9/13/2002			
SB_GRAY2	SCHEDULED FOR BENEFIT -- GRAY2				9/12/2002	9/13/2002		

ESCR_APT	ECHO Screening Appointment Made	8/7/2002
CCN_LTR	CCN Matching letter sent	5/9/2002
PY_ESCR	SENT TO CRAWFORD FOR ECHO	1/25/2002
RV_DRUG	SCHEDULED FOR DRUG REVIEW	1/25/2002 10/7/2003
SB_ESCR	SCHEDULED FOR BENEFIT -- ECHO	1/24/2002 1/25/2002
WR_ESCR	READY FOR WYETH ACCESS -- ESCR	1/16/2002 1/24/2002
WY_ESCR	CLAIM AT WYETH ACCESS -- ECHO	1/16/2002 1/24/2002
LBL	Sent Blue Only letter	1/6/2002
LACKA	Acknowledgement Ltr - Auto	7/17/2000 7/17/2000

CERTIFICATE OF SERVICE

I, Laurence S. Berman, Esquire, do hereby certify that a true and correct copy of Supplement to Class Counsel's Motion: (A) to Strike the Seventh Amendment Objections of Angela Duffy, Frank DeJulius and Cindy Pattison for Lack of Standing and (B) for Leave to Take Depositions of Seventh Amendment Objector, Debra Rhea has been served on this 5th day of December, 2004 via United States Postal Service, postage pre-paid to the persons on the attached Service List on this date.



LAURENCE S. BERMAN, ESQUIRE

Richard L. Scheff, Esquire
Montgomery, McCracken, Walker & Rhoads, LLP
123 South Broad Street, Avenue of the Arts
28th Floor
Philadelphia, PA 19109
215-772-1500 (p)
215-772-7502 (direct dial)
215-772-7620 (f)

Gregory P. Miller, Esquire
Special Discovery Master
Miller Alfano & Raspanti, P.C.
1818 Market Street, Suite 3402
Philadelphia, PA 19103
215-972-6400 (p)
215-988-1478 (f)

John J. Cummings, III, Esquire
Cummings, Cummings & Dudenhefer
416 Gravier Street
New Orleans, LA 70130
504-586-0000 (p)
504-522-8423 (f)
(PMC/Class Counsel)

Roger P. Brosnahan, Esquire
Law Offices of Roger P. Brosnahan, P.A.
116 Center Street
Winona, MN 55987-3422
507-457-3000 (p)
507-457-3001 (f)
(PMC)

Michael D. Hausfield, Esquire
Cohen, Milstein, Hausfield & Toll, PLLC
1100 New York Avenue, N.W.
Suite 500, West Tower
Washington, D.C. 20005-3934
202-408-4600 (p)
202-408-4699 (f)
(PMC)

Andrew A. Chirls, Esquire
Abbe F. Fletman, Esquire
Robyn D. Kotzker, Esquire
Wolf Block Schorr and Solis-Cohen, LLP
1650 Arch Street, 22nd Floor
Philadelphia, PA 19103-2097
215-977-2000 (p)
215-977-2472 (direct dial)
215-977-2337 (f)
215-405-2572 (direct fax)

Arnold Levin, Esquire
Michael D. Fishbein, Esquire
Laurence S. Berman, Esquire
510 Walnut Street, Suite 500
Philadelphia, PA 19106
215-592-1500 (p)
215-592-4663 (f)
(PMC/Class Counsel)

Stanley M. Chesley, Esquire
Waite Schneider Bayless & Chesley Co., L.P.A.
513 Central Trust Tower
Fourth & Vine Streets
Cincinnati, OH 45202
513-621-0267 (p)
513-381-2375 (f)
513-621-0262 (f)
(PMC/Class Counsel)

Elizabeth J. Cabraser, Esquire
Leiff, Cabraser & Heimann
Embarcadero Center West
275 Battery Street
San Francisco, CA 94111
415-956-1000 (p)
415-956-1008 (f)
(PMC)

William S. Kemp, Esquire
Harrison, Kemp & Jones LLP
3800 Howard Hughes Parkway
17th Floor
Las Vegas, NV 89109
702-385-6000 (p)
702-385-6001 (f)
(PMC)

Dianne M. Nast, Esquire
Roda & Nast
801 Estelle Drive
Lancaster, PA 17601
717-892-3000 (p)
717-892-1200 (f)
(PMC/Class Counsel – Subclass 1a)

John M. Restaino, Jr., Esquire
Lopez, Hodes, Restaino, Milman & Skikos
450 Newport Center Drive
2nd Floor
Newport Beach, CA 92660
949-640-8222 (p)
949-640-8294 (f)
(PMC)

Ms. Deborah A. Hyland
Plaintiffs' Management Committee
Constitution Place
325 Chestnut Street, Suite 200
Philadelphia, PA 19106
215-629-3919 (p)
215-629-3998 (f)
215-923-1153 (f)
(PMC)

Richard Lewis, Esquire
Cohen Milstein Hausfeld Toll & Toll
1100 New York Avenue, N.W.
Suite 500, West Tower
Washington, DC 20005-3934
202-408-4600 (p)
202-408-4699 (f)
(Class Counsel -- Subclass 1b)

Gene Locks, Esquire
Locks Law Firm
1500 Walnut Street
20th Floor
Philadelphia, PA 19102
215-893-3434 (p)
215-893-3415 (f)
(Class Counsel)

J. Michael Papantonio, Esquire
Levin, Papantonio, Thomas, Mitchell, Eschner,
Procter & Papantonio P.A., P.C.
316 Baylen Street
Pensacola, FL 32501
850-435-7079 (p)
850-436-6079 (f)
(PMC)

Daryl S. Tschirn, Esquire
7825 Fay Avenue
Suite 320
La Jolla, CA 92037
949-640-8222 (p)
949-454-0980 (f)
(PMC)

Sol H. Weiss, Esquire
Anapol Schwartz Weiss Cohan Feldman & Smalley
1900 Delancey Place
Philadelphia, PA 19103
215-735-1130 (p)
215-735-2211 (f)
(Class Counsel)

Richard Wayne, Esquire
Strauss & Troy
The Federal Reserve Building
150 East 4th
Cincinnati, OH 45202-4018
513-261-2120 (p)
513-241-8259 (f)
(Class Counsel -- Subclass 3)

Mark W. Tanner, Esquire
Feldman Shepherd & Wohlgelernter
1845 Walnut Street, 25th Floor
Philadelphia, PA 19103
215-567-8300 (p)
215-567-8333 (f)
(Class Counsel -- Subclass 2a)

R. Eric Kennedy, Esquire
Weisman Goldberg Weisman & Kaufman
1600 Midland Building
101 Prospect Avenue West
Cleveland, OH 44115
216-781-1111 (p)
216-781-6747 (f)
(Class Counsel -- Subclass 2b)

P. Douglas Sisk, Esquire
AHP Settlement Trust
701 Market Street
Suite 5555
Philadelphia, PA 19106
(215) 701-3795 (p)
(215) 923-5217 (f)

Peter G. Resnik, Esquire
McDermott Will & Emery
28 State Street, 34th Floor
Boston, MA 02109
617-535-4000 (p)
617-535-3800 (f)

J. Clayton Undercofler, Esquire
Saul Ewing LLP
Centre Square West, 38th Floor
1500 Market Street
Philadelphia, PA 19102
215-972-7777 (p)
215-972-1927 (f)

Bruce S. Haines, Esquire
Hangley Aronchick Segal & Pudlin, P.C.
One Logan Square, 27th Floor
Philadelphia, PA 19103-6933
215-568-6200 (p)
215-568-0300 (f)

Kip A. Petroff, Esquire
Petroff & Associates
3838 Oak Lawn Avenue
Dallas, TX 75219
214-526-5300 (p)
214-526-0065 (f)

Charles R. Parker, Esquire
Hill & Parker
5200 Memorial, Suite 700
Houston, TX 77007-8392
713-868-5581 (p)
713-868-1275 (f)
(Class Counsel)

Edward W. Madeira, Jr., Esquire
Pepper Hamilton, LLP
300 Two Logan Square
18th & Arch Streets
Philadelphia, PA 19103
215-981-4000 (p)
215-981-4750 (f)

Edward S. Weltman, Esquire
Goodwin Proctor LLP
599 Lexington Avenue, 30th Floor
New York, NY 10022
212-813-8800 (p)
212-355-3333 (f)

Karl E. Seib, Jr., Esquire
Patterson Belknap Webb & Tyler LLP
1133 Avenue of the Americas
New York, NY 10035
212-336-2000 (p)
212-336-2222 (f)

Ellen A. Presby, Esquire
Baron & Budd, P.C.
3102 Oak Lawn Avenue
Dallas, TX 75215
214-521-3605 (p)
214-520-1181 (f)

George M. Fleming, Esquire
Fleming & Associates, LLP
1330 Post Oak Boulevard
Suite 3030
Houston, TX
713-621-7944 (p)
713-621-9638 (f)

Edward F. Blizzard, Esquire
Blizzard, McCarthy & Nabers, LLP
440 Louisiana, Suite 1710
Houston, TX 77017-5001
713-844-3750 (p)
713-844-3755 (f)

Robert C. Buck, Esquire
Childers, Buck & Schlueter, LLP
260 Peachtree Street, NW
Suite 1601
Atlanta, Georgia 30303
404-419-9500 (p)
404-419-9501 (f)

Rebecca Arch, Esquire
Ashcraft & Gerel, LLP
Suite 400
2000 L. Street
Washington, D.C. 20036
202-783-6400 (p)
202-416-6392 (f)

Wayne Spivey, Esquire
Shrager, Spivey, Sachs & Weinstock
Two Commerce Square
32nd Floor
Philadelphia, PA 19103
215-568-7771 (p)
215-568-7495 (f)

Paul J. Napoli, Esquire
Mario D'Angelo, Esquire
Hariton & D'Angelo in association with
Napoli, Kaiser & Bern, LLP
3500 Sunrise Highway, Suite T-207
Great River, NY 11739
800-683-0852 (p)
212-513-7320 (f) for Mr. Napoli
631-224-9247 (f) for Mr. D'Angelo

B. Ray Zoll, Esquire
Zoll & Tycksen, L.C.
5300 South 360 West, Suite 360
Murray, UT 84123
801-685-7800 (p)
801-685-7808 (f)

Michael J. Miller, Esquire
Miller & Associates
105 N. Alfred Street
Alexandria, VA 22314
703-519-8080 (p)
703-519-8084 (f)

Jerry Alexander, Esquire
Alexander & Associates, P.C. L.L.O.
Historic Inns of Court Building
619 N. 90th Street
Omaha, NE 68114
402-390-9339 (p)
402-390-9383 (f)

Robert E.J. Curran, Esquire
Curran & Byrne, P.C.
606 E. Baltimore Pike
P.O. Box 30
Media, PA 19063
610-565-4322 (p)
610-565-9531 (f)

Abraham C. Reich, Esquire
Stephanie Resnick, Esquire
Fox, Rothschild, O'Brien & Frankel, LLP
2000 Market Street
10th Floor
Philadelphia, PA 19103-3291
215-299-2090 (p)
215-299-2150 (f)

Michael Y. Saunders, Esquire
Theresa A. Lynn, Esquire
Helm, Pletcher, Bowen & Saunders, LLP
2929 Allen Parkway, Suite 2700
Houston, TX 77019
713-522-4550 (p)
713-834-3195 (f)

William R. Robb, Esquire
Aleshire, Robb & Sivils P.C.
905 St. Louis, Suite 1600
Springfield, MO 65806
417-869-3737 (p)
417-869-5678 (f)

Michael D. Hepperly, Esquire
Michael D. Hepperly Law Office, Chtd.
310 W. Central, Suite 103
Wichita, KS 67202
316-267-5330 (p)
316-267-6589 (f)

W. Dirk Vandever, Esquire
The Popham Law Firm, P.C.
323 W. 8th Street
Kansas City, MO 64105
816-221-2288 (p)
816-221-3999 (f)

Brian K. Balser, Esquire
Brian K. Balser Co., LPA
5311 Meadow Lane Court, Suite 1
Elyria, OH 44035
440-934-0044 (p)
440-934-0050 (f)

Lon Walters, Esquire
The Oldham Building
105 E. 5th Street
Suite 401
Kansas City, MO 64106
816-472-1400 (p)
816-472-4433 (f)

William P. Bryan, Esquire
1346 Main Street
Baton Rouge, LA 70802

Timothy M. Bates, Esquire
Slakter Law Firm, LLP
7502 Greenville Avenue, Suite 500
Dallas, TX 75231
214- 890-9275 (p)
214-890-9279 (f)

Richard D. Vandever, Esquire
Richard D. Vandever, LLC
9229 Ward Parkway, Suite 107
Kansas City, MO 64114
816-523-2205 (p)
816-523-8258 (f)

Paul S. Obetz, Esquire
Bartimus, Frickleton, Robertson & Obetz, PC
11150 Overbrook Road, Suite 200
Leawood, KS 66211
913-266-2300 (p)
913-266-2366 (f)

David G. Summers, Esquire
Aaron C. Johnson, Esquire
717 Thomas Street
Weston, MO 64098
816-640-9940 (p)
816-386-9927 (f)

Steve Stewart, Esquire
Levin & Krasner, P.C.
500 Summit Tower
Eleven Greenway Plaza
Houston, TX 77046-1196

J. Scott Bertram, Esquire
The Bertram Law Firm
9229 Ward Parkway, Suite 107
Kansas City, MO 64114
816-523-2205 (p)
816-523-8258 (f)

James W. Jeans, Esquire
2619 West 6th Street
Suite D
Lawrence, KS 66049
785-842-1138 (p)
785-865-2966 (f)

Stephen A. Cor, Esquire
Thomas E. Mellon, Esquire
Mellon, Webster & Shelly
87 North Broad Street
Doylestown, PA 18901
215-348-7700 (p)
215-340-0171 (f)

McKay Chadwell, PLLC
600 University Street
Suite 1601 Seattle, WAS 98101

Michael L. Hodges, Esquire
13420 Sante Fe Trail Drive
Lenexa, KS 66215

John E. Williams, Esquire
Williams Bailey Law Firm
8441 Gulf Freeway
Suite 600
Houston, TX 77017-5001
713-230-2200 (p)
713-643-6226 (f)

John Arthur Eaves, Esquire
John Arthur Eaves, Jr., Esquire
Eaves Law Firm
105 North State Street
Jackson, MS 39201
601-355-7770 (p)
601-355-7776 (f)

Scott B. Frenkel, Esquire
Frenkel & Frenkel, LLP
5489 Blair Road, Suite 200
Dallas, TX 75231-4150

Eric N. Roberson, Esquire
The Law Office of Patrick J. Mulligan, P.C.
2911 Turtle Creek Boulevard
Suite 900
Dallas, TX 75219
214-219-9779 (p)
214-520-8789 (f)

Kent Clay, Esquire
Clay & Crow
12222 Merit Drive, Suite 1710
Dallas, TX 75251
972-980-4081 (p)
972-980-4099 (f)

Joseph L. Tucker, Esquire
K. Stephen Jackson, PC
Black Diamond Building
2229 First Avenue North
Birmingham, AL 35203
205-252-3535 (p)
205-252-3536 (f)

Merrida Coxwell, Esquire
Coxwell & Associates, PLLC
500 State St.
Jackson, MS 39201
601-948-1600 (p)
601-948-7097 (f)

Scott McKnight, Esquire
Cort DeHart, Esquire
Craig Crockett, Esquire
McKnight, DeHart & Crockett, LLP
1320 South University Dr., Suite 804
Forth Worth, TX 76107
817-810-0400 (p)
817-810-0499 (f)

Jesse F. Ferrer, Esquire
Joe Poirot, Esquire
Ferrer, Poirot & Wansbrough, PC
2603 Oak Lawn Ave.
Dallas, TX 75219
214-523-0201 (p)
214-522-3804 (f)

Lynn Seithel Jekel, Esquire
Motley Rice, LLC
28 Bridgeside Blvd.
Mount Pleasant, SC 29464
843-216-9134 (p)
843-216-9430 (f)

Mark Goldberg, Esquire
Deborah Kerr, Esquire
Goldberg & Osborne
915 West Camelback Rd.
Phoenix, AZ 85013
602-234-1111(p)
602-808-6799 (f)

James A. Morris, Jr., Esquire
Provost & Umphrey LLP
P.O. Box 4905
Beaumont, TX 77704
409-835-6000 (p)
409-838-8612 (f)

C. L. Mike Schmidt, Esquire
The Schmidt Firm
8401 North Central Expressway, Suite 880
Dallas, TX 75225
214-521-4898 (p)
214-521-9995 (f)

James D. Shannon, Esquire
Renee C. Harrison, Esquire
Cheryl M. Lang, Esquire
Elise B. Munn, Esquire
Shannon Law Firm, PLLC
100 West Gallatin St.
Hazlehurst, MS 39083
601-894-2202 (p)
601-894-5033 (f)

Thomas N. Thurlow, Esquire
Robert Barringer, Esquire
Thurlow & Associates, PC
2300 Lyric Centre Building
440 Louisiana St., Suite 1200
Houston, TX 77002
713-224-2057 (p)
713-237-0184 (f)

Carroll Ingram, Esquire
Ingram & Associates, PLLC
211 South 29th Avenue
Hattiesburg, MS 39401
601-261-1385 (p)
601-261-1393 (f)

Schlichter, Bogard & Denton
100 South 4th Street, Suite 900
Saint Louis, MO 63102
314-621-6115 (p)
314-621-7151 (f)

Franklin D. Azar & Associates
14426 East Evans Avenue
Aurora, CO 80014
303-757-3300 (p)
303-757-3206 (f)

Steven L. Friedman, Esquire
John J. Higson, Esquire
Dilworth Paxson, LLP
3200 Mellon Bank Center
1735 Market Street
Philadelphia, PA 19103
215-575-7000 (p)
215-575-7200 (f)

Mark A. Buck, Esquire
Fairchild & Buck, PA
5851 S.W. 29th Street
Topeka, KS 66614
785-235-2200 (p)
785-235-8950 (f)

Mike O'Brien, PC
1330 Post Oak Boulevard, Suite 2960
Houston, TX 77056
713-222-0088 (p)
713-222-0888 (f)

Michael P. McGartland, Esquire
McGartland & Borchardt
University Center 1, Suite 500
1300 South University Drive
Fort Worth, TX 76107
817-332-9300 (p)
817-332-9301 (f)

Gary D. McCallister & Associates
29 South LaSalle Street, Suite 1210
Chicago, IL 60603
312-345-0611 (p)
312-345-0612 (f)

Ronald M. Meneo, Esquire
Early, Ludwick, Sweeney, LLC.
One Century Tower
265 Church Street, 11th Floor
P.O. Box 1866
New Haven, CT 06508-1866
203-777-7799 (p)
203-785-1671 (f)

Kimberly L. Woodland, Esquire Love, Willingham, Peters, Gilleland & Manyak, LLP Bank of America Plaza 600 Peachtree Street NE, Suite 2200 Atlanta, GA 30308 404-607-0100 (p) 404-607-0465 (f)	Riley L. Burnett, Jr., Esquire Johnson, Burnett & Chang, LLP 5005 Roverway, Suite 250 Houston, TX 77056-3017 713-626-9336 (p) 713-626-3394 (f)
A. Craig Eiland, PC 2423 Market Street, Suite 1 Galveston, TX 77550 409-763-3260 (p) 409-763-8154 (f)	Fibich, Hampton, Leebron & Garth, LLP 1401 McKinney, Suite 1800 Houston, TX 77010 713-751-0025 (p) 713-751-0030 (f)
Euler Law Offices, LLP 137 S. Main P.O. Box 326 Troy, KS 66087 785-985-3561 (p) 785-985-2322 (f)	Barker, Leon, Fancher, & Matthys, LLP 555 North Carancahua, Suite 1200 Tower II Corpus Christi, TX 78478 361-881-9217 (p) 361-882-9437 (f)
Cynthia K. Garrett, Esquire Cynthia K. Garrett Law Firm P.O. Box 9250 Tulsa, OK 74157 918-584-0070 (p) 918-584-4342 (f)	Tony Martinez, Esquire Martinez, Barrera y Martinez, LLP 1201 East Van Buren Brownsville, TX 78520 956-546-7159 (p) 956-544-0602 (f)
Keith M. Jensen, Esquire Law Offices of Keith M. Jensen, PC 2929 Morton Street Fort Worth, TX 76107 817-334-0762 (p) 817-334-0110 (f)	Paul K. Loyacono, Esquire Verhine & Verhine, PLLC 1015 Adams Street Vicksburg, MS 39181 601-638-8282 (p) 601-638-8296 (f)

O'Quinn, Laminack & Pirtle
2300 Lyric Centre Building
440 Louisiana Street
Houston, TX 77002
713-223-1000 (p)
713-222-6903 (f)

Davis, Saperstein & Solomon, P.C.
375 Cedar Lane
Teaneck, NJ 07666
201-907-5000 (p)
201-692-0444 (f)

Randall W. Morley, Esquire
The Law Offices of Randall W. Morley
315 North Broadway
North Little Rock, AK 72114
501-372-4314 (p)
501-375-3045 (f)

Michael Heygood, Esquire
Heygood, Orr & Reyes, LLP
909 Lake Carolyn Parkway, 17th Floor
Irving, TX 75039
817-633-2800 (p)
817-633-3988 (f)

David Siegel, Esquire
Susman Godfrey
1000 Louisiana St, Suite 5100
Houston, TX 77002-5096
713-653-7806 (p)
713-654-3376 (f)

N. Albert Bacharach, Jr., Esquire
Law Offices of N. Albert Bacharach, Jr., Esquire
115 NE 6th Ave.
Gainesville, Florida 32601-3416
(352)378-9859 (p)

Donald R. Jones, Esquire
The Jones Law Firm
3109 Carlisle
Suite 100
Dallas, TX 75204